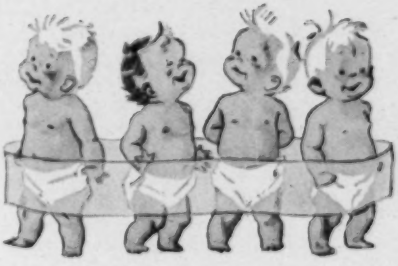
"Doctor—my baby has a *split personality!*"

"He's an angel one minute and a little horror the next," wails Mrs. Smith Jr.

So her long-suffering medico soothingly explains that what *sounds* like a case of howling schizophrenia to Mrs. Smith *feels* like chafed, reddened skin to Baby Smith. Enough to give any baby a Jekyll and Hyde disposish!



Because practically all young mothers understand too little about the minor discomforts their baby goes through, many doctors like to advise specific aids for baby care. Chances are they recommend Johnson's Baby Oil for after bath and at diaper changes. Leaves a light protective film — urine won't irritate, woollies won't chafe!

Doctors like Johnson's because it is pure *light* mineral oil with soothing lanolin — ingredients known to agree with normal baby skin.

Johnson's Baby Oil

Made by the makers of Johnson's Baby Powder, the powder recommended by more doctors than all other brands of baby powder combined.

Johnson & Johnson
LIMITED MONTREAL

Reader's Guide

Last spring, the first nationwide campaign to raise funds with which to fight the menace of cancer was launched. **Mrs. Nancy Caldwell,** who is engaged in publicity work with the Canadian Cancer Society, feels that every nurse has an important role to play in the education program which is going on continuously. How much do nurses know about cancer statistics? We have no available estimate of the number of cases, diagnosed and undiagnosed, in Canada. But we do know it is a very serious problem. We learn, for instance, that in 1944 there were 14,271 deaths from cancer and other malignant tumors, with the deaths almost equally divided for males and females. We discover that the rate of deaths is 119.3 per 100,000 of our population. From the same statistical tables we determine that among the 7,081 women, 2,050 died from cancer located in the reproductive organs. Now there is a newly-perfected test which will be instrumental in saving countless women's lives. **Dr. J. Ernest Ayre,** director of the Gynecytology Laboratory and demonstrator in gynecology and obstetrics at McGill University, describes the cytology test for us. Its value in the early diagnosis of cancer has been demonstrated. Every nurse should be fully aware of its possibilities that she may educate the women of her community.

Have you ever been ill in a strange hospital? If you have, you will appreciate the complex psychological reactions of which **Sister Kerr** writes in her story, "When a Nurse is the Patient." Perhaps you will be a little more understanding of the eccentric ities and querulousness of your patients after you have read her story. Before her illness, Sister Kerr was superintendent of nurses of the Hotel-Dieu of St. Joseph, Campbellton, N.B. She is immediate past president of the New Brunswick Association of registered Nurses.

Helen King has had considerable experience in handling the subsidiary workers in hospital wards. Before her appointment as assistant superintendent of nurses of the Vancouver General Hospital, she was clinical instructor in the obstetrical department there and saw many of these workers on the wards. She discusses their value and fields of usefulness.

M. Kathleen Ruane passes on some very sound advice regarding the organization of affiliation programs. A very large number of the schools of nursing in Canada require affiliation in one or another of the specialties to round out the curriculum. The Children's Hospital in Winnipeg, of which Miss Ruane is superintendent of nurses, provides affiliation in pediatrics so our author knows whereof she writes.

A. Cecilia Pope had an active time as a county public health nurse in New Brunswick. She tells of racing ahead of a storm to reach the school where a clinic was awaiting her; of having to use cheeseboxes for chairs; and of being towed out of mud-holes by the farmer. Truly, there is no room for monotony in a rural public health nurse's job.

La Révérende Soeur Barcelo est une hospitalière de l'Hôtel-Dieu de Montréal, B. es. Art de l'Université de Montréal, et B.Sc. diététique de Winona, Minn., U.S.A., membre de l'association américaine et canadienne des diététistes. Le Comité des Examinateurs de l'A.G.M.E.P.Q. a l'avantage d'avoir Soeur Barcelo comme consultant.

The Faces of Hunger

For many months, paragraphs and pictures in newspapers and magazines have striven to awaken in each of us a realization of the appalling need for food that exists in the desolated countries. In a recent release, F. H. LaGuardia, director general of UNRRA, said, "UNRRA has received assurance of sufficient bread grain to allow each country 250 grams per day for each person rationed." An average slice of bread weighs 30 grams so that amount is the equivalent of eight slices of bread. "But," you comment, "I never eat that much bread in one day." You don't need to! You have a full, varied diet to satisfy your hunger. What if the *only food* you had was that same eight slices?

IT IS A NEW TREATMENT in that emphasis is placed not on the use of Amino acids only—but upon the *protection* of the ulcer from gastric juices with a subsequent *healing* of the lesion.

Certain basic principles of peptic ulcer therapy have been common knowledge in the medical profession for years—but a totally *new application* of them is made in ULCAP THERAPY.

Clinical reports on ULCAPS have interested the medical profession to an extent that in itself is significant. Write for your own copy of the 36-page booklet PEPTIC ULCER ACID THERAPY—a documented study with case histories including roentgenological evidence.

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Clinical trial package of Ulcaps complimentary on request

There are many cruel and revealing stories coming out of Europe of the effect the near-starvation diets have had, particularly on the children. "Many twelve-year-old children seem the size of eight-year-olds." In Poland, a trained UNRRA nutritionist found that 95 per cent of the children examined were suffering from malnutrition; 75 per cent from severe malnutrition. The low standard of diet has resulted in an average decrease in the weight of newborn babies of 30 per cent. Added to this is the alarming fact that infant mortality in Poland has increased 27 per cent, and in some places near the German border to 50 per cent of the infants born alive. Children in Greece have been found to show the following characteristic symptoms in addition to underweight: vitamin lack shown in skin and eyes; chronic bone deformities; chronic gingivitis. Similar reports have come from the Orient. These are the people whom Oliver Wendell Holmes would have included in "lean, hungry, savage, anti-everythings."

What obligation have we in meeting this specific menace to the hard-won peace? President Truman, in urging greater voluntary conservation of food, said, "Every slice of bread, every ounce of fat and oil saved by your voluntary sacrifice will help keep starving people alive." This appeal was made months ago, yet the great need still persists. Buy less of the foodstuffs which can be shipped. Waste less of the foods you buy. In hospitals, economize every way possible to avoid loss. This battle against hunger can be won just as surely as the other battles fought with guns and tanks. We did not fail before. We must not fail today.

Eight slices of bread!

—M.E.K

Letters from Near and Far

With UNRRA in Bavaria

I spent ten days in Washington, and was one of the lucky ones to fly over here, via Eire, where we were grounded for four days. When the airport in Paris gave the "all clear", we set out. It was a bit rough, but in a Constellation we were soon flying above the weather. Very nice in Paris, though for only two days. I would have liked to stay there a little longer—a lovely city, even in the slush and snow. Then, by night train to Munich. I was at headquarters there for a little more than a week, and was afraid I would be posted there, which would have been too monotonous. Fortunately, that did not happen, as I am now out in the field in Weisenberg, a quiet little town in Bavaria. Our team covers the three towns in this area, a few members in each. Here we have 1100 D.P.'s All different national groups are in their own camp or house, when we are lucky enough to obtain houses. We have Poles, Lithuanians, Latvians, Esthonians (3 camps of these), Ukrainians, and stateless Jews. On our team, the director and the welfare officer and the messing officer are French, the supply officer is a Hollander, and, of course, little me. As you can see from the set-up, all conversation at table must be in French. At work, it is all in German. The extent of my knowledge of this language is that I can understand nearly everything said, but to speak it, ah, that is another matter! But we manage. When I go to the Ukrainian camp, I take an interpreter with me. She speaks Ukrainian to them and tells me in German what they are saying. We do have fun! Problems are so numerous that to begin to worry about them would have us grey in a week, but we all do our best, and I can already see a marked improvement in the displaced persons and in their mode of life. My department is mostly public health and general hygiene, with the odd bit of welfare thrown in for good measure.

We have an excellent clinic set-up for the D.P.'s Most of them appreciate and use it, but the other day the Lithuanian camp leader came in with the story that they were an educated group, and that to compel them to bring their young children into a hospital where there were all sorts of people with infants that might be ill, was just not going to be done. They had more sense. I wondered what sort of gods these Lithuanians were. I did a complete inspection of their camp, and found it dirtier than all the others put together —food littered all over everything, nothing covered, their infants in warm rooms covered with blankets, and not a breath of air to be had. I suggested that the leader come back to the office where we could have another little chat. This time I was the spokesman. If these youngsters do not go to the clinic, get vaccinated, etc., I fear they will be a bit short of rations, for I have decided to have milk and chocolate issued at the clinics on certain days instead of at the camps.

—JUSTINE DELMOTTE

a troublesome symptom . . .

Alumina Gel with Liquid Petrolatum 10% Wyeth

"All patients with peptic ulcer eventually develop constipation."[1] Low residue diet, inactivity and worry are responsible. But the troublesome symptom can be controlled by development of "habit time" and administration of emulsified mineral oil.

AMPHOJEL*, the standard antacid for the management of peptic ulcer, is also supplied with emulsified mineral oil as a convenient dosage form for the ulcer patients with a tendency to constipation.

1. PAUL, W. D., and C. RHOMBERG, J. Iowa State M.A. 35:167 (MAY) 1945.

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ANTISEPSIS

An authoritative statement upon the reliability of 'Dettol' in destroying streptococci on the hands.

Writing in the British Medical Journal (2.725) the eminent bacteriologist Leonard Colebrook says of 'Dettol' Antiseptic:

'The most reliable procedure for the complete elimination of streptococci from the naked hands is as follows. Wash for one to two minutes in a pint of warm water, using plenty of yellow bar soap and a nail brush to the nail sulci; then pour into the palm of one hand a teaspoonful of neat Dettol . . . and work into the skin of the hands till dry (one to two minutes).'

When listed, the properties of 'Dettol' read like those of some theoretically ideal germicide. Consider: an antiseptic with a high Hygienic Laboratory coefficient whose bactericidal activity is well maintained in the presence of blood, pus and other organic matter; which is lethal to a great diversity of bacteria, including haemolytic streptococci; which is non-poisonous even at full strength and applicable, without causing injury, to raw wounds and surfaces; which does not inhibit the natural processes of repair; which is stable at all clinically desirable temperatures and at all dilutions; which is non-staining, agreeable in use and pleasant to smell.

MILC

Yet that does, in fact, describe 'Dettol'—which in ten years has become the antiseptic of choice, for the protection of patients and staff alike, in nearly every hospital in the British Empire.

'DETTOL' OBSTETRIC CREAM

'"Dettol", in the form of a 30 per cent. Cream has been employed as a routine for the hands and vulva in hospital cases for the past two-and-a-half years. During this period the incidence of infections due to all grades of haemolytic streptococci has undergone a reduction of more than 50 per cent. when compared with a similar period immediately prior to the use of "Dettol", and since there has not been any other change in antiseptic procedure, I think the improvement may fairly be ascribed to this factor.'

* *Colebrook, L. J., Obstet. & Gynaec. of Brit. Emp. Vol. xliii., No. 4, 1936*

In nearly every maternity hospital in Great Britain and the Empire, the use of 'Dettol,' the modern antiseptic, is supplemented by 'Dettol' Obstetric Cream—a preparation of 30 per cent. 'Dettol' in a suitable vehicle. 'Dettol' Obstetric Cream is ready to use at the right concentration; it can be applied freely to the patient's skin and remaining at the site of application it forms for more than two hours a dependable barrier to re-infection. 'Dettol' Obstetric Cream is used by the doctor and the nurse for the disinfection of the gloved hands: and in the course of long labours for their rapid and effective re-disinfection. For the prevention of self-infection it is smeared over the patient's vulva, thighs and hands—a procedure repeated every two to three hours, particularly with patients suffering from respiratory infections or under the influence of disorientating narcotics.

The records at many great maternity hospitals, such as Queen Charlotte's London, offer eloquent testimony to the value of these precautions.

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*Dickinson, R. L.: J. A. M. A. 128:490, June 16, 1945.

Sculpture prepared under the direction of Robert L. Dickinson, M. D.

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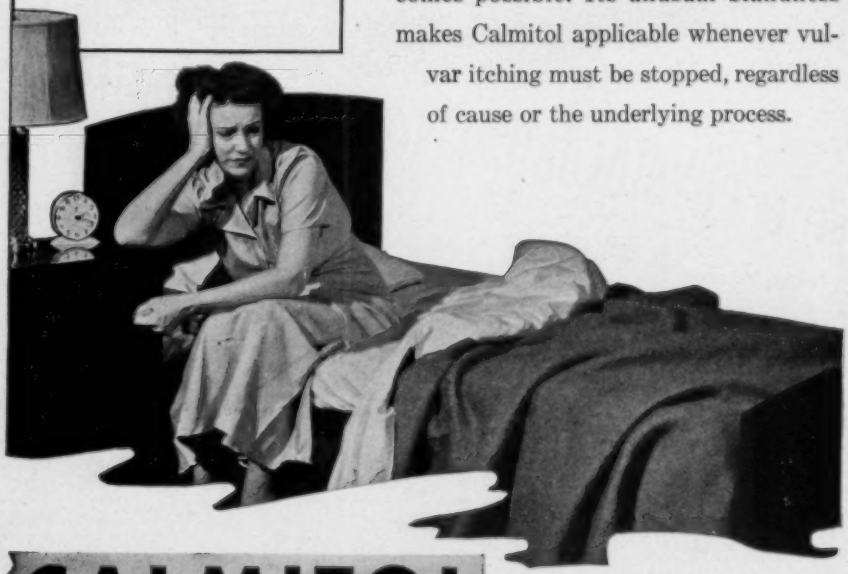

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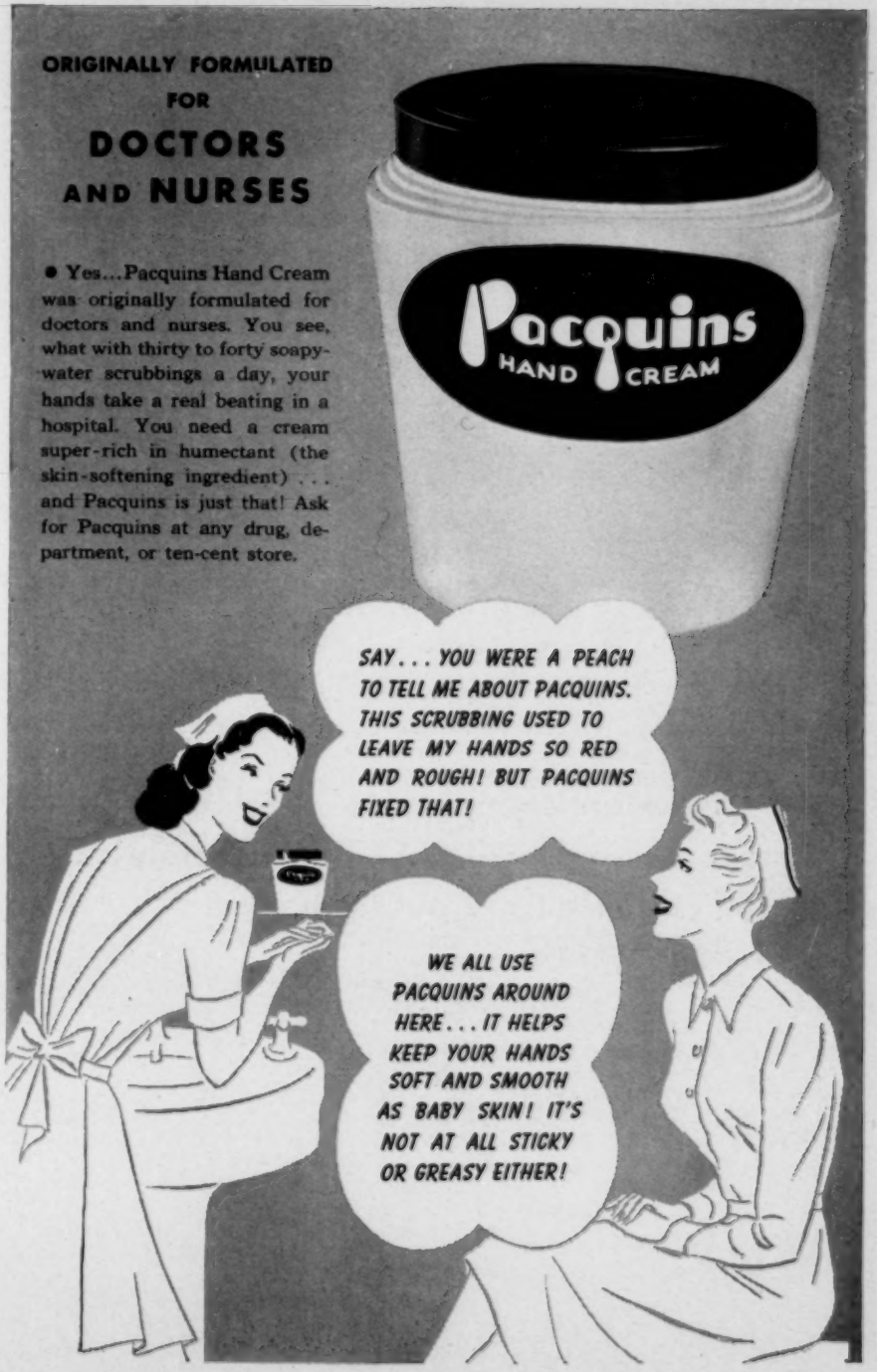
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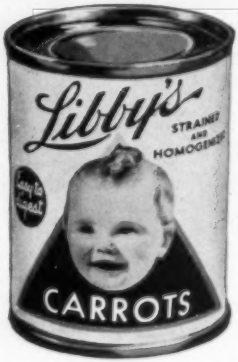

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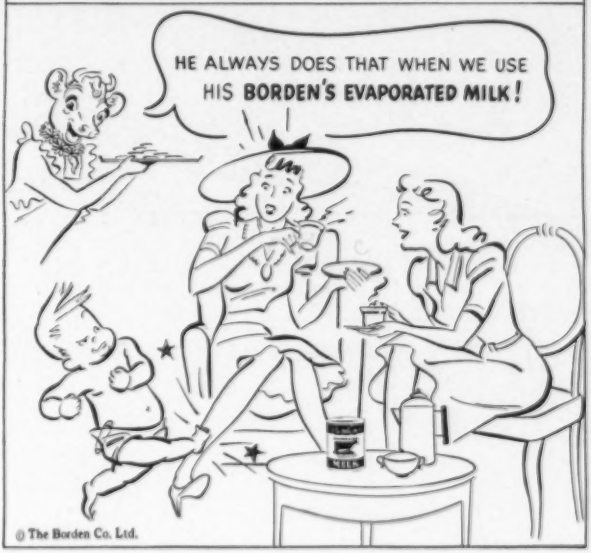

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-TWO *NUMBER EIGHT*

MONTREAL, AUGUST, 1946

Why Nurses Go to Conventions

EVERY second year, throngs of nurses gather from all parts of the Dominion to hold their biennial convention. The Royal York Hotel, in Toronto, was swarmed with nurses the first week in July. Dining-rooms, lobbies, mezzanines, and elevators of this palatial hotel were crowded as the nurses took over. Double and triple room occupancy was the order of the day — or night — only the President being permitted to have a room to herself as part of the "royal suite." No one seemed particularly perturbed over this seeming congestion and, despite the close proximity to the railroad with the endless noise of shunting trains, everyone quickly became accustomed to the din and slept soundly. Thus, with fresh minds and alert interest, each day's sessions were greeted with enthusiasm.

Why do nurses hold conventions? One of our members overheard a lady in an elevator raise this very question. Said she, "What do nurses have to talk about?" A glance at the program and at the very compact folio of reports would have convinced even the most casual observer that nurses in convention have a wide variety of topics to talk about. Because less than 4 per cent of the members of the Canadian Nurses Association were able to be present, some word-pictures of what transpired are presented in this story. Next month, this brief account will be expanded by the inclusion not only of the various committee reports but also by as many of the papers and addresses as are available. They will not convey all of the vital sparks of humor, the asides, the splendid spirit of interest, that came with the actual presentation. Perhaps your delegates who were present can interpret these feelings for you.

To facilitate note-taking and also, probably, to give the official delegates some place to rest their elbows, the front portion of the large convention hall was equipped with tables. There, row upon row conscientious delegates gave earnest attention to business for the greater part of four days. The mere fact that the first day of the

In the convention hall

convention was a national holiday, July 1, meant less than nothing to them. Less official registrants might drift out periodically for a brief stretch, to wander through the Exhibits Hall, or to refresh themselves with a spot of tea in Lippincott Lounge but not those intrepid front-benchers.

The weatherman was kind to us. True, the hall was air-conditioned, but after the heat which had fatigued the Executive Committee during its two days of meetings prior to the convention proper, the moderated temperature and lowered humidity were gratefully welcomed. The ripple of chuckles was good-natured when Dr. Gillis, as the official representative of the city, spoke of the "warm welcome to Toronto", which was extended to us.

One of the very significant aspects of the convention was the large number of younger nurses who were in attendance. For a great many of them it was their first national convention and they thoroughly enjoyed themselves. Singly, and in concert, they expressed their interest and pleasure at being present. Dozens of demobilized nursing sisters were there as well as many still in uniform. None need feel despair about the future of nursing when our younger members are so keenly aware of the problems.

Miss Fanny Munroe chaired all of the business sessions of the convention. Miss Rae Chittick ably guided the first panel discussion on Monday afternoon. Miss Bessie Touzel, Dr G. D. W. Cameron, and Miss Ethel Johns participated in the discussion on nursing needs in relation to the community. Miss Johns was in rare form, captivating her audience with her quick wit and flashing comment. The members were entertained by the black looks that greeted the effrontery of the newspaper reporter who daringly exploded flash bulbs in the speakers' faces! Discussion was lively and interesting even though complete solutions were lacking.

Monday evening was free of official engagements and afforded an opportunity for countless re-unions. Some of the tireless delegates from distant points took the early evening boat-trip across Lake Ontario to view Niagara Falls. The fact that they did

not arrive back at the hotel until the wee, small hours did not dampen their convention enthusiasm a particle.

At the Tuesday afternoon panel, Miss Agnes Macleod steered the discussion. Another of the outstanding addresses of the convention was given at this time by Dr. R. C. Wallace, principal of Queen's University. Miss Bertha Pullen, Miss Mary Mathewson, and Miss Nettie Fidler completed the competent group interpreting "the preparation of personnel to meet community needs."

Tuesday evening, the Nursing Sisters' Association of Canada held their banquet and business meeting with Miss Maude Wilkinson, national president, in the chair. Guest speaker on this occasion was Miss Anna Schwarzenberg who gave a vivid picture of nursing conditions in Europe. The Registered Nurses Association of Ontario entertained the delegates the same evening at a reception at Hart House.

The crowning event of the whole week was the very well-attended banquet on Wednesday evening. It was an especial pleasure to have two of the tables occupied by members of the sisterhoods — the first time on record that they have dined at this convention function. Piped in to the tune of "The Road to the Isles", the head table presented a colorful picture. Miss E. MacPherson Dickson, a past president of the C.N.A., opened the dinner with grace. An interesting contribution to the program was made by William Morton who sang the songs for which John Murray Gibbon, author of the history of nursing in Canada, had written the lyrics. Set to traditional airs, these songs portray pictures of nursing history also — "Jeanne Mance", "The Grey Nuns of St. Boniface," "The Victorian Order of Nurses", "Our Canadian Nursing Sisters", etc. Mr. B. K. Sandwell, editor-in-chief of *Saturday Night*, was guest speaker, inaugurating the Mary Agnes Snively Memorial Lectures. Mr. Sandwell questioned whether his address could be evaluated as the equivalent of the three gold medals which had been awarded biennially since 1936. We feel sure you will agree with Miss Chittick's comment when she thanked the speaker that his address was worth a great deal more than three gold medals in inspiration and timeliness. The address will be featured in the September Convention issue. Don't miss reading it!

Chairman of Labor Relations Committee, Miss Esther Beith

The two outstanding pieces of business considered at the convention were the reports of the Legislation Committee and the Labor Relations Committee. These will be included next month. One of the new committees, which was approved, is to be concerned with the setting up of a living memorial to our nursing sisters in World War II. This memorial is to take the very practical form of building up professional libraries to assist the nurses and the schools of nursing in the devastated countries of Europe. As an initial gesture, fifty complimentary subscriptions to *The Canadian Nurse* are to be given to schools of nursing selected by the International Council of Nurses. You will hear a great deal more about this committee in the months to come as each nurse is asked to do her share in fostering this memorial.

No account of the convention would be complete without a tribute to the kind thoughtfulness and efficiency of the Arrangements Committee under the indefatigable guidance of Miss

Mary R. Chisholm taking notes

Claribel McCorquodale. She and Miss Matilda Fitzgerald, the executive secretary of the R.N.A.O., were graciously solicitous for each guest. Flowers were everywhere — not just occasional bouquets but daily replenishments of the vases in each delegate's room brought joy.

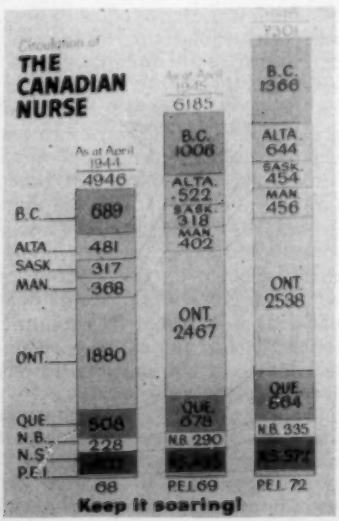
The slate of officers for the ensuing biennium, announced at the conclusion of the last session, is as follows: president, Rae Chittick; first vice-president, Ethel Cryderman; second vice-president, Evelyn Mallory; honorary secretary, Sister Denise Lefebvre; honorary treasurer, Lillian Pettigrew.

At the last session of the Executive Committee, after the conclusion of the convention proper, the provincial presidents, through Miss Jean Masten, president of the Ontario association, made the presentation of a beautiful gold maple leaf brooch to Miss Munroe in tribute to her courageous and inspiring leadership of the C.N.A. during the past difficult biennium.

Why do nurses go to conventions? The answer will be found in the renewed vigor with which all of our members tackle the problems that lie ahead. We have greater assurance to face the challenges that confront us because we have drawn strength from each other during these four days.

— M.E.K.

An Explanation



As a part of the story of the convention, it is customary to include a sprinkling of snapshots of the celebrities who have participated. Accordingly, during a noon-hour lull, provincial presidents and registrars and various other personages were assembled in the Roof Garden of the Royal York Hotel as being the best lighted place to take pictures. Alas! The results were so unsatisfactory none of that group of snaps could be used. Even the commercial photographers who took pictures of the banquet speaker failed us! We are sorry because we know how much you enjoy illustrated articles.

The accompanying chart was hung in our *Journal* booth. It shows the comparative paid-up circulation by provinces from 1944-46. We were sorry that you weren't there to avail yourself of the special convention subscription rate as 512 of your colleagues did. See you at our booth in 1948?

—M.E.K.

Our New President

ON JULY 4, 1946, at the last session of the twenty-third general meeting of the Canadian Nurses Association, Rae Chittick, who had been elected by acclamation, was installed as president.

Who is this person whom Canadian nurses have chosen to guide the destinies of their National Association? Born in Burgoyne, Ontario, of Scottish and Irish descent, Miss Chittick attended public and high school in Calgary. Following graduation from Normal School, she taught for two years before entering the school of nursing of the Johns Hopkins Hospital, Baltimore, Md., whence she graduated in 1922. After a year with the Victorian Order of Nurses in Victoria, B.C., Miss Chittick engaged in school nursing with the Department of Education in Saskatchewan. In 1926, she returned to Calgary to become the instructor in health education at the Provincial Normal School. Today, Miss Chittick holds the rank of assistant professor in education with this same institution which is now a branch of the University of Alberta.

Miss Chittick possesses high academic and professional qualifications for the heavy responsibilities which now devolve upon her. She holds the degree of Bachelor of Science from Columbia University, New York, and Master of Arts from Leland Stanford University, Palo Alto, Calif. Miss Chittick has displayed keen interest in nursing organizations. She has served as vice-president and president of the Alberta Association of Registered Nurses, as honorary secretary and as first vice-president of the Canadian Nurses Association. This broad experience has made her fully cognizant of the manifold problems confronting the nursing profession today and holds promise of the success that will attend her term of office.

And what about the personal side? Miss Chittick's keen mind, her friendliness and sincerity, her determination and breadth of vision are capped by a delightful sense of humor. Her long association with the public through her leadership in health education has given her an unusual grasp of the importance of community relationships in the ultimate development of the nursing profession. A prolific reader, Miss Chittick is fully aware of the demands which her position of leadership will make upon her. Not only in national nursing affairs but in the regeneration of the international organizations which lay dormant during the gruelling years of war, the president of the Canadian Nurses Association will be called upon to play a significant role. Sound leadership implies loyal and unwavering support. This we pledge to our new president. Her tasks have begun. She may count upon each one of us to help her.

Falliday

RAE CHITTICK

Uterine Cancer and Precancerous Diagnosis by Cytology Test

J. Ernest Ayre, M.D.

The position of the nurse in the orbit of health and medicine today is a very important one. The nursing profession is perhaps the most genuinely human profession in the world. It numbers in its ranks many of the finest of people, yet most of these are unheralded, unrecognized greats. Why does a nurse become a nurse? It is not because of money or selfish ambition, not because it offers a life of comfort and ease. The answer is because nurses have, above all, a sincere desire to help those who need help; to alleviate pain in those who are suffering, and to help heal the mind and the body when these organs become wounded or broken. The nurse's role is indeed important. As comforter to the sick, "the soothing hand upon the fevered brow" is symbolic of the warmth and sympathy in their hearts. Beyond the sick-room, the nurse acts as confidential adviser to friend and stranger alike, dispensing freely knowledge and advice to help others.

Nurses have a major role to play in the combatting of cancer mortality. This is because they occupy a unique position as intermediary between physician and patient. In a disease of the nature of cancer, where fear and modesty play such an important role in determining the outcome of the disease, the nurse will oft-times gain the confidence of the patient long before a doctor would be consulted.

The importance of early diagnosis of cancer cannot be overstressed in leading to cancer cure. Nurses everywhere should constantly be on the

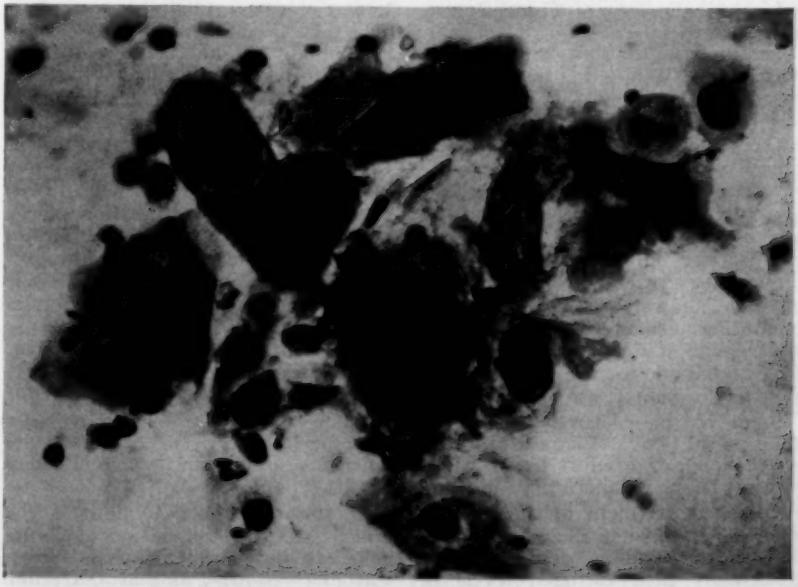
Cytology test in normal case. Note cells are all about the same size.

alert to take full advantage of their opportunities to advise people of the importance of consulting their physicians regularly for examination. Medical examination is constantly becoming more efficient as research places new weapons in our hands to fight cancer. Cytology is one of these weapons. This new science has recently loomed upon the diagnostic horizon—the science of cytology.

Cytology may be defined as the study of cells. In practice, it signifies a study of the cells thrown off from the surface of a growth. Techniques have recently been devised whereby these cells may be gathered up and examined under the microscope to give an accurate diagnosis whether cancer is present or not. Most tumors or growths will bleed. Whenever the blood or discharge from such a growth may be gathered up and studied, cells from the broken bleeding surface of the tumor will be found in the blood. If the tumor be a cancer, the cells shed are cancer cells; if a benign growth, benign cells will be found.

Papanicolaou, of New York, originally described the vaginal smear diagnosis of uterine cancer. Here in Montreal, in our gynecytology laboratory, we have found the cervical cytology smear test for uterine cancer to have distinct advantages. This was reported in the *Canadian Medical Journal* in 1944 in an article entitled "A Simple Office Test for Uterine Cancer Diagnosis." As most uterine cancer is cervical, the cervical smear is taken from the surface of the growth and so it is very much like a surface biopsy, and has been compared to raking a lawn—the leaves gathered up may be shrunken but they still possess the identity of structure of the mother plant. So it is in cancer—the cells shed from the surface are identical to those in the growth.

Cytology tests have been found particularly valuable in differentiating between innocent, irregular, menopausal bleeding and the bleeding from a beginning cancer. Rather than adopting a "wait and see" attitude, it permits an immediate presumptive office biopsy, eliminating the dangerous element of delay.



Cytology test in cancer case. Note variability in size of cancer cells.

Some of our cases have been diagnosed as cancer cytologically in whom the first biopsy proved normal. When a section was taken, however, the repeat biopsy has confirmed the accuracy of the cytology diagnosis. In our gynecytology laboratory we have studied almost three thousand cases and have found cancer cells and diagnosed malignancy in 175 cases. This is one of the largest series of cases studied amongst the larger clinics. Most of these were verified by tissue biopsy, and the average error was 5 per cent.

Naturally the error in diagnosis is going to depend, first of all, upon the precision of technique in the taking and preparation of the tests and, secondly, and perhaps more significantly, in the interpretation of the tests by an expertly-trained cytologist. The error in interpretation will diminish as the judgment and skill of the cytologist improves with training and experience.

The centrifuge test, one of the tests developed in our own laboratory which makes it possible to mail the cells in a test tube, was first reported before the Society of Gynecologists and Obstetricians of Canada last year. It is unfortunate that we have not been able to adapt this test to widespread use in Quebec as yet, but it has been taken up by the Ontario doctors and is being used in their new cancer program for the "screening" of women, to assist in early detection of cancer while the disease may still be in the curable stage.

A second important function of the cytology test is to determine the presence of estrogen, the growth-promoting hormone. Cases of abnormal benign and malignant growths have been found to exhibit abnormally high (endogenous) estrogen levels.

Some of the research work being done at the Royal Victoria Hospital is a collaborative effort between the gynecytology laboratory and the nutrition department of the medical laboratory, and has shown a linkage between a thiamine deficiency and abnormally high estrogen levels in uterine cancer. This has included investigation of over two hundred cases. To date, fifty cases of proven cancer have been studied, showing consistency in the finding of thiamine deficiency linked with an excess of estrogen in close to 90 per cent of the cases, while a similar number of control cases showed normal levels.

Animal studies confirmed by three separate investigators have shown that the liver normally acts to inactivate estrogen, and in the presence of a thiamine-riboflavin (Vitamin B_1-B_2) deficiency the liver loses this ability, leading to possible accumulation of the estrogen within the body. It seems possible that the same mechanism may explain the findings of measurable thiamine deficiency and abnormally high estrogen levels in humans suffering from cancer of this type.

In an effort to detect cancer in its earliest stages, routine cervical cytology tests have been taken and a small percentage of these cases have been found which showed an abnormal estrogen level and cells of a precancerous type. When a thiamine level was later checked in this type of case it was consistently found to be low. It seems possible that this type of case might be harboring a precancerous mechanism but it is impossible to say, at the present time, how long it might be before a cancer would actually develop. It seems possible, too, that correction of the deficiency and breaking up of the linkage at this stage might lead to cessation of the growth tendency. These possibilities are being studied further. An important consideration is the fact that the precancerous cells were readily detectable in the cervical smear, but only inconsistently in the vaginal smear. The significance of the evidence presented is not as yet entirely clear but there appears to be definite evidence of some linkage between dietary deficiencies and cancerous tendencies of this type.

It was my honor to address the South Atlantic Association of Gynecologists and Obstetricians in North Carolina recently, and at that time I described a new glycerine technique

which greatly simplifies mailing of cytology tests. It is now possible for the physician to simply take the test in his office, mount the slide in glycerine, and mail it in an envelope to the cytologist for staining and interpretation. Thus, the taking of the cytology test becomes as simple as the taking of the Wassermann test.

As a result of taking routine cervical cytology tests in patients having no gynecologic complaint but merely suffering from loss of appetite, loss of weight, fatigue, and constipation, cells showing a precancerous appearance have been found, with abnormal estrogen and deficient thiamine levels. A significant point is that many of these cases showed a normal-appearing cervix, with only a tiny erosion, yet the abnormal cells were detected by the cytology tests.

Uterine cancer is the most common type of cancer affecting the female. Cytology tests present a 95 per cent sure method of early diagnosis by a simple office test in this type of cancer. The time has come when every woman should have a cytology test once a year before the age of forty, and every six months after forty. In fact, at the present time, the organization of an Institute of Cytology for the Prevention of Cancer is receiving consideration as a pioneer movement to make this possible. Numerous authorities throughout America, such as Dr. Greenhill, of Chicago, Dr. J. Meigs and Dr. Shields Warren, of Boston, have indicated that the cytology tests should prove of great value in screening the female population for early cancer. Dr. Bauld, director of the Royal Victoria Gynecologic Cancer Clinic, has gone on record as stating that by the proper application of these tests our cancer cure rate in our own clinic could be doubled. Since many of our cases have not shown a cancer large enough to be visible to the naked eye, and since some of the precancerous cases were asymptomatic, the importance of regular tests once or twice a year is apparent. Of course, it is important, too, that the physician perform a complete examination of his patient at this time, which he will do in keeping with modern preventive medical practice. In this way, evidence of disease elsewhere in the body, such as a small lump in the breast, may be detected and treated while in an early curable stage.

The cancer problem in males and in females is very different. In the female, four out of five cancers arise from either the uterus or the breast and these are accessible organs. In males, the stomach is the organ most commonly involved and this organ is relatively inaccessible. Even so, more women die of cancer than men. Cytology tests in uterine or genital cancer are no longer a problem for research, for they present a definite diagnostic technique of proven accuracy. Much progress is yet to be made, however, to permit all women to share their benefits.

Much research remains to be done with great promise of results in other types of cancer, by the development of techniques in cytology, for example, in carcinoma of the breast, lung, stomach, bladder and kidney, skin, prostate, etc. Indeed, 78 per cent of all cancer in males and in females may ultimately be aided towards an early diagnosis by cytology tests. The future looks brighter for cancer. With the proper application of cytology tests, with biopsies, and the immensely valuable facilities of modern x-ray in internal cancer, 95 per cent of all cancer should be amenable to early diagnosis.

In the taking of routine cytology tests and by regular medical examination lies the future in anti-cancer insurance and prophylaxis.

It has been found that when the odor of fresh paint is objectionable, as it is to some people, it can largely be avoided by the use of charcoal. For each room, a paper bag holding a pound or two of charcoal is hung in the centre of the room. It absorbs the odor.

—*News Bulletin*

Cancer Goes Next

NANCY CALDWELL

IT IS ALMOST IMPERTINENT to tell nurses, who have stood by at many a tragic ending, of the need for early diagnosis of cancer, of the pressing necessity for education of the public to early cancer symptoms, and of the importance of spending more and more money on research to find the causes of this disease. Nurses know that cancer runs second to heart disease as a killer of mankind and they know that it is surrounded by a fear that is almost psychopathic. That is why the Canadian Cancer Society, formerly known as the Canadian Society for the Control of Cancer, counted on not only the financial but the moral co-operation of the nursing profession in its drive for funds this year.

Beginning April 1, the Canadian Cancer Society embarked on its first nation-wide drive to raise the necessary money to continue its all-important work. No definite objective was set because there can be no end-objective until the work is finished.

The impetus for the organization of the Cancer Society came from the Canadian Medical Association. This indicates recognition by the medical profession that there is a need for a strong, nation-wide organization with the control of cancer as its aim. Objectives of the society are: research, to find out the causes of the disease; expansion of treatment facilities, to bring cure whenever possible, to prolong the lives, and ease the suffering of those who come for treatment too late; and the education of the public to a proper appreciation of the whole cancer problem.

It is in the education field that the specialized training of the nurse, her knowledge of the problem, and the genuine compassion and understanding that directed her to her job and developed with her training can be especially valuable. It is in this field, particularly, that the Cancer Society is counting on her help. Miss Claribel McCorquodale, supervisor of the nursing service of the Ontario Institute of Radiotherapy, pointed out in a recent speech that 36 per cent of the cancer cases treated in the institute are cures. The figure may be higher. Nurses will appreciate the implications of that figure. They know it is as high as the all-over average in Sweden, which is considered excellent. It means that 36 per cent of the cancer patients recognized the symptoms and went for treatment while the disease could still be controlled. They are now well. It is the hope of the society that soon that figure will be close to 100 per cent.

To make sure the money, which has been raised, will be spent where the need is greatest, each province will have the spending of its own campaign money. Some provinces need clinics; others have good clinics and no educational facilities. Still others have no facilities for research. At present the task seems monumental. Co-operation of people with specialized knowledge, who really understand the problem, will be one of the biggest factors in overcoming it. That is why the continuing co-operation of nurses as individuals and as a group is needed. Nurses who wish more information may obtain from the Society, 280 Bloor St. W., Toronto 5, Ontario, a free booklet "Cancer and its Care", prepared for the nursing profession.

To increase the health and comfort of the prematurely born infant, an incubator with cover and sliding panels of "Lucite" methyl methacrylate resin has been put on the market. Designed to provide scientific control of humidity and temperature, this equipment formerly had a top of heavy steel.

When a Nurse is the Patient

SISTER KERR

Now that I have become one of the great class of humans who hope "they also serve who only stand and wait", the editor of our *Journal* has asked me to write of my personal experiences during the past few months.

All nurses have been taught to nurse the patient as a whole—his mind as well as his body. I would add that he should be cared for as an individual and according to his personality. In these days of rush and with shortages of staff one can hardly expect the complete fulfilment of such ideals: nevertheless, it is possible.

I have learned that patients may suffer from bewilderment, fear, dread, loneliness, discouragement and other psychological phenomena which, because of their elusiveness, may pass unperceived by the nurse. Patients may become exacting, self-centred and egotistic if they do not exercise self-control. It is in such manifestations that the nurse must use her patience and her knowledge of psychology. The patient may recognize that she is not reacting normally to her situation but she relies on the sympathy and understanding of her nurse. Does the nurse always realize how much her patient depends on her for this understanding sympathy? That the patient leans on her, so to say, for moral support? The nurse has to study the attitude and reactions of her patients which she will find differ according to the patient's personality and temperament. Inasmuch as the nurse shows herself punctual, kind, considerate, and willing to do little things to make her patient comfortable, in just such a degree will the patient have confidence in her. The patient may be more observant than the nurse realizes and any change of manner, etc., reacts immediately upon him.

During a period of twenty or so years after graduation, a nurse passes through many assignments, especially when this time has been spent in the same Hotel-Dieu. But regardless of positions held, when one is ill and condemned to occupy a bed in the hospital, she drops to the status of patient No. X.XXX.

Several apparently insignificant circumstances led to my celebrating V-E Day by having my first electrocardiogram. As I lay there quietly, I little imagined that my heart was sending out wicked little waves that would predict a possible early death-sentence. When finished I went back on duty and forgot about it. A few days later a report of a "suspected" condition was given but to me a "suspicious" diagnosis meant there was nothing wrong.

My Superiors, however, decided that I was to go to another Hotel-Dieu in a neighboring province where I was to consult a specialist, have my d i a g n o s i s confirmed or changed, receive prescriptions, and return home, if possible, in a few days, to follow treatment. I had already visited this hospital twice as a guest and counted some of the Sisters as my friends.

After travelling several hours I found myself at my journey's end and when I had paid my taxi and started up the steps my impulse was to turn back. But now it was too late! As I passed through the doors into the lobby I easily recognized the physical details of the hospital but my bewilderment was extreme. As I stopped short in the centre of the lobby, I questioned myself as to what one was supposed to do first when coming to a hospital as a patient. Smilingly, Sister from the information desk came forward, greeted me, and led me to the admission office where I was expected. It was there I began to realize that I was going to be a patient and when I found myself alone in my room I was lost. Later, when I remembered this bewilderment, I wondered if such is not often the cause of errors found in the information given on the admission of patients. First impressions are

usually the longest remembered and as I write this, months later, I still can recall very vividly those first days, the menu of my first supper, etc.

As I had been on duty until the day previous to my departure from home, I found the time very long during the first days which were given over to examinations. Although accompanied, I felt shy and strange circulating through the hospital, going to the different departments. This reminded me of a point I used to try to impress upon my classes of nurses. We do not consider the patients entering the hospital as strangers to us but each member of the staff is a stranger to the patient. When the laboratory technician came to my room and I realized that she was preparing to take blood from my vein my heart sank! I have a horror of needles but, of course, I didn't tell her! Fortunately for the patients, Sister is extremely dextrous and never misses her aim. She came thus on two occasions and I thought how frightened patients must be who know nothing of laboratory work.

The doctor found me too ill to return home and ordered me to bed for "two weeks" which, from his tone, I feared would be extended. And I, who had always sympathized with tuberculosis patients because of their long stay in bed! Then as time passed I could see my strength lessening, my voice changed, my memory and eyesight dimmed. With the outlook of remaining an invalid, could one blame me if I felt discouraged?

I was fortunate enough to come within the assignment of a graduate religious nurse—one who is a "born" nurse and to her I owe very much. She imposed many restrictions on me and it was only later that I saw the wisdom of them all. For instance, when I began to get up in my chair, I felt perfectly capable of placing the pillows myself but, no, I must ring for another to come and do this for me. It was a source of encouragement to see her working since she also has a cardiac lesion and by means of medication and regular rest periods she is able to carry on.

From a nursing viewpoint my treatment was not difficult. The pills were white, then blue, then gray, and then white again. Medication in drops was rendered palatable by fruit-juices and ice. Because my veins were deep-seated, intravenous medication was changed to intramuscular. I have already mentioned my aversion to needles and I do not know if my nurse ever suspected the amount of imagination and self-persuasion that I had to use to take these injections without screaming. It was psychological fear from which I suffered, not physical pain, as Sister gave them without hurting. Then there was the continuous ice-cap applied over the cardiac region. After some time when the ice-cap with flannelette cover began to burn, the cover was changed to a flannel one. Strange to say, an ice-cap with a flannel cover is much more comfortable, when this must be applied directly to the skin. This cover may be knitted or crocheted with yarn or simply made from a piece of soft blanket. I mention this because I had never seen this done before nor do I remember having seen it in any textbook. The ice-cap was held in place by a gauze sling.

One morning I felt very ill and the doctor, the Sister superintendent, Sister supervisor, and my nurse all seemed to arrive at the same time. As the doctor auscultated me, I studied the expressions of the three nurses but these were professionally blank. They in turn were studying the doctor's expression. At last he had finished and each seemed reluctant to be the first to break the silence. So, I simply asked, "Doctor, am I ill enough to die?" He quietly answered "Yes, Sister," and proceeded to prescribe more medication. After some weeks I began to realize that immediate danger of going to the Better Land had passed.

Normally, I do not mind electric storms but last summer the numerous ones which swept the mid-St. Lawrence section caused terror within me. After each big flash and clap, I was as much out of breath as if I had run up several flights of stairs. Once this

was remarked, some one remained with me during these storms. This is an appeal to nurses to remember their cardiac patients during such storms.

In a religious community, we live like a large family sharing the joys and sorrows of one another. Also, small-town people seem to be more acquainted with their neighbors than those living in cities. It is true that all who came within my room were kindness itself and did almost the impossible to make me happy, nevertheless I longed to see someone from my community. One night when I was suffering from a reaction to the drugs, I wished longingly my own mother were near as I felt that her hand upon my brow would stop the thumping headache. This was idle thinking as she was hundreds of miles away!

Patients may also misinterpret their nurses' best intentions. After I had been in the hospital for some time a little old lady began to visit me. Regularly every evening about five she would come with her newspaper which she would leave with me. She inquired regularly about my health and would express the hope I would have a good night. The next morning about ten she would return for her paper and the conversation would be much the same. She was eighty-seven and so tiny I always felt a gust of wind would blow her away. Although such was not the reality, she impressed me as being alone in the world and my heart went out to her. Now the rule that information about any patient should not be passed on to other patients was strictly adhered to, but one day my nurse said in an offhand fashion, "Your friend has a cold." As the weather was cool, I was not surprised and never imagined that it was anything serious. Later, the Sister superintendent came in and remarked that my friend was rather cyanosed. Immediately I prepared to get up as I wished to go to see her but I was told to remain in bed. The next day my Superior from home visited me and in the excitement I forgot my friend's illness. The next day obituary notices were being given over the radio. I was not paying attention until I heard "Hotel-Dieu, Levis." I pricked up my ears and learned that my dear little old friend had gone to her eternal reward. I couldn't believe it! I rang to find out the truth and it took the whole staff on the floor to console me and to persuade me that it had been kept from me solely because it was felt my grief would be detrimental to my condition.

But I do not wish to give the impression that my days were wholly sad or uninteresting. No, such was not the case. After the immediate danger for me was passed I enjoyed renewing old acquaintances and meeting new friends. I enjoyed observing and discussing differences in administration and points of technique, etc. The latest literature—professional and other—was given me to while away the time.

Pleasurable were the hours, one a day, that I spent on the balcony gazing at the beautiful Quebec countryside, the mighty St. Lawrence, and the Isle of Orleans. The day came when the doctor thought I might be left alone, though the nurse was to check every ten minutes. That first day I was so nervous that I could remain outside only forty minutes. The next day I reasoned with myself and remained my allotted hour. It was only gradually that I realized how closely I had been supervised and been nursed as an individual.

The patient soon learns the probable hour of the arrival of the mail and when this hour brings a letter or, better still, a parcel his heart sings with joy. And who can estimate what joy flowers bring? Flowers have a language all their own and they actually keep the patient company during the hours when he is alone. Many bouquets found their way to my room, a delicate attention of the Sister superintendent. When garden flowers were not procurable can you imagine the joy given by a Queen's blue bowl of yellow and tan coreopsis or a green basket of white phlox and rich old-rose lambs' quarters! The highlights of the day were the daily

visits of my doctor, of the Sister superintendent, of my nurse, and of the other Sisters.

After five months I was considered well enough to undertake the journey home with two nurse companions. The doctor wished me to take the ambulance to the station. We all have our prejudices but after hearing the doctor's reasons I acquiesced. The attendants were very polite but when they folded the covers over I could not help saying, "Just like a corpse!" Now I am under sisterly care at my own Hotel-Dieu, looking forward to the days when I will be as active as my condition will permit.

Taken separately, these different points may seem small. I read once that "great things are made up of many small littles." Nurses by their profession are destined to do great things for suffering mankind. In so doing, it is by the little kind acts that they nurse the sick mind which always accompanies the sick body. Remembrance of the Golden Rule will help the nurse treat her patient as an individual and to do unto him as she would wish to have done for her.

The Practicability of the Subsidiary Worker on the Hospital Ward

HELEN KING

ALL authorities seem to agree that the outlook for procuring sufficient nurses in hospitals is not going to improve very rapidly. The demands of industrial nursing and public health services will continually deplete our ranks of qualified nurses who would have otherwise been absorbed into institutional nursing. These posts have many attractions to compete against the hospital position. They are well-paid, have better working hours, no week-end work, no night duty, freedom from harassing and exhaustive ward administration, and to a certain extent offer more freedom from the discipline which is necessary in an institution.

The acute shortage of nurses is responsible for the lack of competition in holding nurses in a position, which in turn has brought about marked independence and restlessness of spirit among the younger members. They are in a position to dictate their own terms. Administrators in hospitals are faced with the problem of maintaining the smooth functioning of their regime in the face of staff shortages, continual change of staff, and competition from the outside attracting the young nurses they have trained and graduated.

In the extremity precipitated by the withdrawal of nurses to the armed services, hospitals turned to the subsidiary worker. They regarded them in the light of a crutch to help them along while temporarily incapacitated. The attitude now is that there is possibly a place for such workers permanently on the staff, as ward aides, or whatever title one wishes to give them. We may regret the step of including the untrained helper into a professional sphere. We may find that our standards are lowered, that they may displace the highly-trained nurse and offer serious competition in years to come. They offer a practical solution at the present time. An untrained pair of hands is better than no hands at all. There are many duties on a ward which are time-consuming yet do not require anything but common sense to perform. An article in the October, 1945, issue of *The Canadian Nurse* by Dr. J. C. Meakins, Dean of Medicine at McGill University, supports the idea of employing less highly qualified people for the less exacting duties in hospitals,

leaving the nurse to specialize in the more demanding duties which her education has prepared her to cope with. In other avenues of work the specialized individual, he says, does not expend energy and time on work which can be taken over comfortably by less qualified people. As he remarks, we must be flexible and adjust to conditions as they are.

Our experience at the Vancouver General Hospital has shown that we have a big turnover among subsidiary workers. Many come but few remain. The idea of working in a hospital appeals very much to many women but they have no idea what exhausting work it is, and very soon they resign. Others find the changing of shifts disagreeable, while others resent the discipline. Again, because of the lack of the possibility of advancement, they resign for other occupations. In spite of this, some of these subsidiary workers have proved reliable, helpful, and undoubtedly, valuable.

The selection of workers in the untrained group is very important. Older women may be more stable and are more likely to stay, but are slower and tire more easily. Younger women may be more teachable and quicker. The other attributes are those that are always required in one whose duties take them to the bedside—a cheerful disposition, careful grooming, and poise.

Subsidiary workers are preferably employed on a ward with an all-graduate staff to avoid confusion with the student nurses' education. Subsidiary workers' duties must be controlled and all nurses must clearly understand their limitations. Their direction should be under the nurse-in-charge alone, to prevent the imposition of work belonging to others, or the confusion of varied and divergent requests from all and sundry. They must be well supervised by someone responsible for that alone, until they have a thorough grasp of the work assigned to them. Let us weigh the relative advantages and disadvantages of employing subsidiary workers:

Disadvantages

1. *Economically expensive:* (a) We estimate that one nurse can accomplish the same work in half the time. We pay the general staff nurse $119.92 a month and the ward aide $73.43. (b) The high rate of resignations means great wastage of time. The time taken in preparing uniforms, the office work entailed, the teaching time wasted, all mount up to an amazing total.

2. *Unavoidable mistakes:* Mistakes will occur because of their ignorance of medical matters. The significance of certain things will be entirely lost—specimens thrown away, food and drink given when it should be withheld, etc.

3. *Interference with student education:* Certain duties are fundamental in student training and, although routine, must be learned. Simple nursing duties must be learned by juniors.

4. *Friction in administration:* Subsidiary workers may, after some months of service, be tempted to overstep the bounds of usefulness, and assume duties for which they are not prepared. Dissatisfaction may result because of their limited scope. They may resent direction from a nurse younger than themselves. There may be feelings of resentment on the part of the nurses, against the intrusion of untrained help into a professional field.

Advantages

1. Subsidiary workers can relieve the qualified nurse of all minor routine work, which is time-consuming, and leave her free to care for the acutely ill.

2. They can take over the care of convalescents, where no particular nursing skill is required.

3. Patients like the subsidiary worker—carrying no responsibilities she has more time for doing small errands and services.

4. She can relieve students from non-essential work which does not contribute to their education.

The introduction of unqualified people into hospitals is a new idea and its practicability has yet to be fully proven by the trial and error method. We are in the trial stages now and will learn where the errors lie. Head nurses are asking now for ward aides on their wards, which shows they are of value and have a place.

The next step is the controlling and

licensing of these workers in order to safeguard the public. These workers can leave the hospital to go out as practical nurses in the home and, as such, can be useful to the community but who is to know what knowledge they have or what remuneration they are demanding? The nursing profession should demand that all "who nurse for hire" should be at a certain standard of proficiency and should be legally controlled.

Hereditary Syphilis

J. GATE, M.D.

THIS is perhaps one of the gravest aspects of the syphilis problem. Everyone agrees that this disease is a veritable social scourge, but this is true above all of hereditary syphilis of the first generation, that is, the whole series of pathological symptoms transmitted directly by syphilitics to their children. Because more rare and less frequently studied, far less is known about hereditary second generation syphilis which strikes the grandchildren of syphilis sufferers. And yet, although less characteristic, the affections attributable to it are none the less even more serious. We shall not discuss here these affections in all their different aspects, but merely describe a few of them.

A syphilitic has only to consult his memory to find many a lamentable story. Perhaps a wife, to all appearances in perfect health, fails to bear living children. There is no medical or obstetrical reason worth serious consideration. As a last resort, the possibility of syphilis is considered, and yet examination of the parents brings to light no clinical or serological taint. The investigation is then pushed further, and evidence of indubitable syphilitic infection is found in the case of the husband's mother or father, sometimes, or, more frequently, of one of the wife's parents. This is the explanation of the childless marriage, and what proves it beyond a doubt is the efficacy of anti-syphilitic treatment correctly applied to the woman during later pregnancies.

Hereditary second generation syphilis can prepare a good many other disagreeable surprises. Sometimes it is epilepsy which afflicts the grandchildren of syphilitics; and, without wishing to minimize the numerous concomitant causes of the malady (infection in childhood, obstetrical injuries, asphyxia at birth, and particularly hereditary alcoholism), one cannot reasonably fail to take into account sometimes the decisive part played by hereditary syphilis, particularly hereditary second generation syphilis. This is proved, moreover, by the good results given by anti-luetic treatment of such epileptic children.

It must also be realized that this hereditary second generation syphilis may affect the mind. Some children may show a backward intelligence, more or less marked, associated with epilepsy or psycho-motor instability. This association should arouse the doctor's suspicions and warn him of the possible role of syphilis. In other cases, the mental backwardness is an isolated phenomenon. This backwardness has no connection with idiocy, which corresponds to the mental capacity of a child under three years of age, nor with imbecility, which confers upon an adolescent the mind of a child of from three to seven years of age. It is a question rather of mentally weak persons, whose intelligence never develops beyond that of a seven to ten-year-old child. Such an adolescent has difficulty with his studies and his teachers notice that there are gaps in his intelligence, that he cannot remember. There is obviously some obstacle which causes the mind to remain childlike while the

(*Concluded on page 664*)

Contributed by Hospital and School of Nursing Section of the C. N. A.

Establishing a Sound Affiliation Program

M. KATHLEEN RUANE

IN ORDER to establish a successful affiliation program it is necessary that the participating directors of schools of nursing have some knowledge of the problems involved in such an undertaking. These are problems of stabilizing nursing service, of adjusting school curriculum if the students leave for another city, of educational measures to be adopted, of living accommodation, and of health and hospitalization to mention only a few. Yet one would not be unduly optimistic in suggesting that through mutual understanding and some degree of patience the majority of these difficulties can be erased.

Perhaps before proceeding further it would be fitting to explain why affiliations are deemed necessary in a course of nursing education. "The Essentials of a Good School of Nursing" has this to say regarding the training of a nurse:

> Irrespective of any particular phase or purpose, a good school of nursing should graduate professional nurses who, apart from giving expert bedside nursing care in conditions relating to medicine, surgery, obstetrics, pediatrics and communicable diseases, should be capable of taking part in the promotion of health and the prevention of disease . . . The basic clinical educational values of such a school are largely determined by the scope and character of the clinical resources of the hospital.

The nursing director, desiring to maintain an acceptable standard of nurse education, will use the above criteria to evaluate the clinical fields available for student experience within her own hospital. Should they be found to be inadequate in any of the essential services, other hospitals, institutions, or agencies may be investigated. If the required clinical experience can be obtained elsewhere, machinery for affiliation may be set in motion. Affiliation should be regarded, then, as complementary to the course in the home school. It is designed in the final analysis to provide better nursing service to the community through the production of more completely equipped nurses.

With this concept in mind, an evaluation of the clinical field only is not sufficient. The nursing director will want assurance that other educational measures such as a planned rotation of students and a clinical teaching program are in operation; that adequate supervision is available and that the nursing care meets acceptable standards. If the student is to live away from the home school, an appraisal of the living accommodation and of the measures established to safeguard the student's health is indicated. Finally, before leaving, the student should be given a summary of the knowledge she is expected to gain and the advantages of affiliation in terms of broader clinical experience and professional contacts.

Affiliation presupposes long-range planning. Unless there is considerable forethought, the school curriculum and the actual care of the patients will be somewhat disrupted by the fact that fewer students are left in the home school. Plans for increasing the number of students enrolled should be put into effect well in advance of the first group leaving the hospital if the vacancy so created is to be satisfactorily filled. The increase should equal the number of nurses who are to be away from the hospital at one time. For instance, let us consider a hospital that graduates twelve students a year. If the affiliation program is for a period of six months it means that six students will be away from the home school at any given time. To balance this deficiency the number of students accepted annually must be increased by six. In other words, the number of students taken into a school, is influenced by the number requiring affiliation and the length of the affiliation term.

The above is a brief summary of the interests of the school of nursing seeking affiliation. Perhaps the question of even greater significance is this: What are the responsibilities and problems of a hospital *offering* affiliation? If the latter conducts a school of nursing, the person who is charged with the responsibility of the clinical education will be primarily concerned with what effect the influx of students from another school is likely to have on her own students' experience. It may mean that the student body of the school offering affiliation will have to be reduced. To make adequate adjustment to the educational needs of both types of students and still preserve the quality of nursing service, requires highly skilled manipulation. The principle that the smallest service through which students can be rotated controls the number of students entering a school of nursing, also applies to the number who can be accepted for affiliation. A small but essential service may prove a bottleneck. Still, this problem is not impossible of solution. As an illustration, take the case of a school seeking affiliation in pediatrics. An analysis of the facilities in the pediatric hospital revealed that clinical experience was available in all departments with the exception of the milk laboratory. However, since the hospital seeking affiliation possessed a large and active obstetrical service, it was decided, after joint discussion, that the potentialities of their own formula room could be developed to offset this deficiency. Thus, this experience was not included in the plan of rotation set up for those students in their affiliation program.

I have used the words "rotation plan" several times. It is an important aspect of every hospital which has a school. Without it, the student's experience runs the danger of being sketchy and incomplete. For instance, if the student on affiliation at a communicable disease hospital were to spend her entire eight weeks nursing scarlet fever cases because it suited the needs of the nursing service, and no provision was made for her to acquire any knowledge of measles, diphtheria, etc., her experience away from the home school would not have been very profitable.

A well-qualified supervisory staff is necessary for the stabilization of the nursing service in a hospital giving affiliation, for large groups of students changing every two or three months require expert and constant supervision. As students, often inexperienced yet critical, are likely to come from a variety of hospitals, the general nursing techniques must be analyzed with a view to reaching the maximum of safety and efficiency. Procedures should be standardized and simplified wherever possible in order to render the student's orientation to the new hospital situation less confusing.

By no means a minor problem is the establishment of recognized teaching techniques. As most nursing leaders are agreed that clinical experience without clinical teaching is of doubtful educational value, it is the responsibility of the school offering affiliation to employ such qualified

personnel as is necessary to maintain the teaching program agreed upon. During the past few years, with all levels of nursing staff cut to the minimum, this is perhaps the greatest difficulty schools have had to meet. Yet, affiliating schools, by virtue of their specialized activity and transient student nurse group, have had to employ adequate supervisory staff, sometimes at considerable cost. But to return to educational techniques. Provision should be made for suitable physical facilities for learning and teaching such as classrooms, ward libraries, and office space for instructors. A comprehensive and accurate system of evaluating the students' performance, both in practice and in theory, should be implemented and complete records of their accomplishment sent to the home school promptly at the termination of the students' affiliation.

The student's general welfare should not go without attention, particularly where affiliation embraces diseases of an infectious nature. It is imperative that such teaching and practice of precautions and health measures prevail as are deemed essential to safeguard the health of the young and inexperienced nurse. If the student is to live in residence, healthful and comfortable living quarters should be furnished and some provision made for recreational activities. This latter point is of considerable importance if the hospital or institution is remote from an organized community.

I have attempted to put before you a picture of what one school expects from a second. I have also attempted to enumerate the means the second school must use in order to fulfil these expectations. One begins to realize at this point that the responsibilities of the school offering affiliation are considerable, and that, without the whole-hearted support and understanding of the school seeking affiliation, the program is liable to break down here and there.

Affiliation is in essence a co-operative movement and authorities on the subject are agreed that the key to harmonious and efficacious relationships between affiliating schools is a comprehensive *written agreement.* To consign this important fundamental arrangement to memory is to build on a flimsy foundation. Memory is notoriously unreliable and such knowledge cannot be filed away for the enlightenment of a bewildered substituting or succeeding superintendent of nurses. Perhaps it would not be amiss to mention here some of the requisites a hospital offering affiliation may consider essential to the smooth operation of the program which should be incorporated into the agreement. One stipulation should be that a given number of students be maintained annually and that groups of these enter at certain stated intervals. Upon the establishment of this policy depends the safety of the nursing service and the success of the rotation plan. Furthermore, the practice of orienting a single student any time she might happen to arrive is economically unsound. The assurance of complete immunization and good health, insofar as it is possible to procure it, together with her previous health record should precede or at least accompany the student to make possible the establishment of any necessary precautions or health measures without delay. Consideration should be given to such important details as sick-time allowance, hospitalization, schedule of lectures in the home school, and hours on duty. When a change of policy is contemplated by any school, at least three months' notice should be given the second party in the agreement.

The subject of affiliation is a broad one, and its problems are many and vexatious. What is practised today may not necessarily apply tomorrow. As the trends in nursing education change to meet the needs of the public so will the complexity of these problems. Nursing service is a community need, a public utility, and it should be the primary purpose of all schools to train nurses to dispense this utility with optimum proficiency through the medium of sound educational experience.

Hereditary Syphilis

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body develops normally. Here again, according to most authorities, in one-third of these cases a syphilitic grandparent is the main cause.

Lastly, there are the serious temperamental disturbances which obviously are due to the same cause. This is a field which has not yet been thoroughly explored. Nevertheless, psychiatrists certainly are acquainted with cases exhibiting numerous symptoms of psycho-motor instability, repeated changes of temper, marked sometimes by sudden impulses, by fits of anger, and, in children, combined often with backwardness in their studies, which make them the despair of their parents.

We will stop this brief study here. Purposely we have made no mention of hereditary syphilis of the third or even fourth generation, because in this case the facts are exceedingly rare and the characteristic symptoms less and less easily distinguishable. Also, in most cases it is very difficult to establish their authenticity. It will suffice to have shown, by the few examples given above, the ills which syphilitics may bring upon their grandchildren. We have chosen these intentionally, because, apart from the serious morbid syndromes, perhaps more immediately dangerous, which second generation hereditary syphilis may provoke, we know of nothing more distressing than these sterile marriages, these cases of epilepsy, backwardness, and mental perversion in children. We can agree with a great authority on obstetrics that these are truly what the French call *postérités maudites*.

Such facts should be borne in mind by young persons anxious to found a healthy family and who do not wish to bring affliction upon their descendants, particularly their grandchildren. Syphilis is the great enemy of the home. Youth must be preserved against it at all costs; it must be combatted by all the indisputably effective theraeputic measures of modern medicine. The future of the family and the nation depend on this.

"Q" Fever

"Q" fever, a pneumonia-like disease first described from Australia, apparently is endemic around the Mediterranean area. Scattered outbreaks have been reported in Italy, Greece and Corsica. Study of these outbreaks has thrown considerable light on this supposedly rare illness and established that it is (essentially) identical with the so-called Balkan Grippe which was epidemic in Greece in 1942.

The responsible agent has been identified as a very minute organism belonging to the family of ricksettia, similar to the organism which causes typhus fever. It has been impossible to establish the means of transmission, except that evidence suggests that the "germ" apparently is inhaled in infected dust.

The disease appears to be extremely infectious. Accidental infections have occurred in almost every laboratory where experimental work with this ricksettia has been conducted. It is likely to be confused with atypical pneumonia, of which the causative agent has not been identified. The syndromes of the two are somewhat similar.

A significant finding was that "fever ricksettia becomes much more virulent with successive passages through the blood of experimental animals." The malady comes suddenly with chills, sweats, aching muscles, and frontal headache. The victim usually is incapacitated for two weeks or more.

—*News Notes No. 4*

Frozen Foods

It is reported that the temperatures commonly used in the electrical freezing units, for the preservation of foodstuffs, will kill the organisms of trichinosis in pork.

The freezing process retains more of the nutritive value in food than any other method of preservation. Because frozen foods require less cooking than fresh, there is relatively little loss of vitamins.

Freezing does not sterilize foods. Material that has been frozen is more subject to spoilage after it is thawed. At zero, taste and appearance will remain unaltered for a year; at ten above zero, for about six months. At higher temperatures, some of the spoilage organisms are likely to grow.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

Rural Immunization Clinics

A. CECILIA POPE

ONE OF THE duties of some of the public health nurses engaged in county work in New Brunswick is to carry on a complete program of immunization and vaccination. Besides giving diphtheria toxoid (alum precipitated toxoid) with two clinics, two months apart, she may organize clinics to give pertussis vaccine, or a combined pertussis and diphtheria (Ramon) toxoid with three clinics held a month apart, or a scarlet fever streptococcus toxin clinic, with five clinics held one week apart. She has no special clinical facilities to work with and must use what comes to hand such as a one-room schoolhouse, or perhaps a community hall, or even a private house.

Usually, the clinics are started in the spring as soon as the gravel and mud roads are fit for travel. The nurse may have had requests from the district for a clinic (many have not had any for ten years, due to the shortage of medical personnel), or she may find, on looking up records of previous clinics, that considerably more time than the usual "four-year round" has elapsed, and this particular area is much overdue. If she has previously visited the area, things are simpler, as she will know more or less what to expect, and may have done some groundwork. However, this is not always possible, so she may take her typewriter and write to the school teacher asking her to publicize the clinic as much as possible through the assistance of the clergy, talks at school, etc. With the letter go sufficient consent forms for each school child to take one home to be read and signed by the parents. A special invitation for the pre-school children to attend is included with the form. The date, time, and place of the clinic, posters to be put up in public places, and instructions for the clinic are all forwarded. The letter may include a hint to have all of the children bathed the night before, as tough, dirty skin is hard on needles! The clinic list is important, and must be filled out carefully by the teacher, as later the nurse must file all the information in her own office. Each list is divided into columns, headed by the name of the school district, with the surnames of the pupils first (alphabetically), their given names, ages, whether or not it is their first immunization dose, or a reinforcing dose, spaces for the dates of clinic attendance, and the fathers' or guardians' names. The nurse may invite several school districts to go to one central school for the clinic. The use of the newspapers is also helpful in spreading word of the clinic. Children from the age of six months to eighteen years are invited.

The nurse may bring an assistant if one is available. Usually the assistant is required if over fifty children are expected, or if clinics are to be held in several different centres. Commonly, from five to eight hundred

children will be done in one centre. On other occasions, though holding six separate clinics, a total of less than two hundred children may attend. Conditions vary with the population, the number of pre-school children, the attitude of people to immunization, the number of miles to be travelled from one school to another, the condition of the roads, etc. A great deal of time is spent in travelling, as some nurses are responsible for an area of over 3,000 square miles.

On the day of the clinic the nurse tries to arrive at the school a little while before the time scheduled for the opening. She hopes to find that the teacher has prepared for her: (1) A level, flat-topped desk or table, covered with protective newspapers for her instruments, sterno stoves, toxoid, etc. (2) Waste-basket. (3) Three kitchen-type chairs—for the child, her assistant, and herself. (4) A pitcher of hot and a pitcher of cold water. (5) A basin in which to wash her hands. Elementary, one might think, but how impossible it seems for some people to produce these simple things! While the needles, syringes, etc., are boiling, the nurse may check over the list with the teacher to see if everything is clearly understood. An older child or a neighboring woman may help by swabbing off the arms with 2½ per cent iodine, or by holding the younger children. The Women's Institute members have been invaluable in this connection.

The clinic kit is fairly simple, and packs compactly into a cardboard suitcase. Aprons, paper towels, soap, 5 per cent iodine (to be diluted), alcohol, basin, absorbent cotton, swab sticks (already made up), three 4 cc. syringes, about fifty hypodermic needles, four intramuscular needles (for filling the syringes with toxoid), two sterno stoves with cans for holding the sterno, two aluminum pans with covers, two pans for holding the sterile instruments, one pan for the cold water in which to put the discarded needles, and two artery forceps are carried. In addition, through the ingenuity of the technically-minded assistant, an aluminum disk, set on legs slightly longer than the length of the needles, and perforated to hold in an upright position (point down) fifty or more needles, was made to hold the needles while boiling. This disk can be removed from the water with all needles in place, making this a very convenient arrangement for changing needles without contamination. As another aid, the assistant devised four little white, wooden blocks, with a sloping groove on the top surface, for holding the filled syringes ready for the nurse. When the assistant is taken along, she fills the syringes with the toxoid, puts on the needles, and lays them on the blocks. The nurse uses one, immediately removes the needle and puts it in the cold water pan, then lays down the syringe, and picks up one of the others. With the assistant filling the syringes, pptting on fresh needles, and boiling them up again, the clinic proceeds quickly, and usually smoothly — important factors in a full day, or when dealing with busy farmers' families in planting or haying season. On one occasion, with excellent co-operation from the people, 120 children were immunized in one hour and forty minutes.

When the nurse is ready to begin, she calls for attention, and explains that the older children will be done first, and the pre-schools last, in order to clear the room quickly. This is especially necessary in the first clinic, when the information about the younger children has to be recorded as well. Getting the older children out of the way first helps to prevent too many upset and crying children. Panic is likely to spread rapidly when a baby starts howling, and the mothers become nervous. One must prevent a general exodus, in a backward and suspicious community. Smallpox vaccination is compulsory, but all other immunizations are voluntary. The children go first to the teacher to have their names and dosage recorded. Next, they go to the nearby helper for the iodine swabbing on the left arm. Finally they come to the chair in front of

the nurse. A little personal attention plus a good sharp needle often helps to prevent crying, jerking away, etc. Children who are talked to, told it is "something like a bee sting", and to be sure to come back for the second dose, "which is just like a pair of shoes, one needs two", usually go off without more ado. Children who become very pale and faint from nervousness can often be revived by giving them something to chew, such as gum, wax, candy, in order to stimulate the vagus nerve. Of course, the pre-schools cannot be reasoned with, usually, so must be held firmly. An easy method is for the volunteer to sit down facing the nurse, take the child on her lap, place her ankles around the child's legs, take both his hands in her right hand, and put her left arm under his left deltoid muscle, over his left forearm, and her left hand over his hands. This also elevates the deltoid for the injection of the toxoid; *and* the nurse is not kicked in the shins. As so many of the mothers are too confused or upset to hold the children properly, it is usually preferable to have the services of a volunteer if there are a large number of pre-school children.

At the end of the clinic, the needle and syringes are well cleaned before going on to the next clinic. The list is checked with the teacher for possible errors before it is put in the nurse's folder and taken away. If it is the final clinic for the day, all needles are rinsed with alcohol as well, stilettes run through them, and, if necessary, they are sharpened with carborundum. All pans, etc., are cleaned and dried, or scraped with a piece of steel wool. Aluminum pans look especially bright if they are boiled up with some pieces of rhubarb occasionally. The consent forms are left in the school, and can be used to help record the children's dosages on their health cards.

At too many final clinics there are some who were afraid to come to the first one, and waited to see what happened to those who did, before appearing themselves. It is especially sad for the records to have so many "incomplete" doses given, but we hope that one dose may be better than none. These people are urged to go to their own physicians for the final dose, and are given a slip of paper with the date and type of toxoid given, for the doctor's information.

After the final clinic for the day' back we go to the nurse's office, and complete the filing of the records. Each school district is filed separately, and each name is entered in alphabetical order, with its additional information of age of child, father's name, date of clinic, toxoid received, and dosage. Later, it may be possible to issue certificates of immunization to parents, so many of whom seem unable to remember just what their offspring may, or may not, have had. We hope that more health education in the schools will lead the next generation to a better understanding of what these preventive measures can mean to them, so that there may be fewer "incompletes" in the future.

Hurry, Hurry, Hurry!

At the circus, the barker's cry echoes the caption of this note. The biennial convention which was held in Toronto last month was not a circus but the same warning call goes out—hurry if you want to place an order for copies of the convention issue of the *Journal*. This will be published in September and we have to give our printers the run order by the twenty-sixth of this month. Paper shortage and economy dictate that we shall order only a few copies over the number required for our regular subscribers and for those of you who place special orders. So that you will not be disappointed, mail your order, plus the fifty cents to cover the cost, today—tomorrow may be too late unless you use air-mail.

Hurry, Hurry, Hurry!

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

De l'Enseignement de la Diététique

SOEUR BARCELO, r.h.

Note de la Rédaction: Il semblerait normal que l'homme se serve tout naturellement de son intelligence pour savoir manger, puisque la bête guidée par son instinct le sait. Souvent dans ce domaine c'est l'être humain qui montre moins de sagesse. L'homme, avec son intelligence obscurcie par le péché originel, s'est éloigné de la nature, et souvent il est la victime de la civilisation. Des tares dues à la mauvaise nutrition se font sentir de génération en génération. La responsabilité de l'institutrice en diététique est grande. C'est elle qui, par son attitude, par la valeur, la corrélation de son enseignement, s'il est bien fait, déterminera chez l'étudiante des habitudes de santé qui auront des répercussions sur l'individu, sur la famille, et toute la nation.

DEPUIS quelques années on parle beaucoup de nutrition. Le sujet n'est pas sans importance car la santé relève en grande partie d'une alimentation adéquate.

Si autrefois on se préoccupait peu soit du régime normal, soit des diverses modifications alimentaires imposées par la plupart des maladies, préférant recourir aux médicaments, aujourd'hui, après des expériences sérieuses en diététique, on est arrivé à formuler sous ce rapport des règles déterminées donnant des résultats efficaces pour le maintien ou l'amélioration de la santé.

L'éducation du public, dans ce domaine, dépend en grande partie des efforts réunis du médecin et de la garde-malade. L'étudiant en médecine, durant ses années universitaires, étudie les composés de l'organisme vivant; il apprend la pathologie, les réactions physiques et chimiques des médicaments et des aliments sur le corps humain; il devient ainsi apte à prescrire, une fois médecin, les régimes propres à chaque maladie. La garde-malade, de son côté, durant ses trois années de cours, constamment en contact avec les malades, constate les méfaits d'une alimentation déséquilibrée, elle observe une amélioration sensible dans la santé des patients soumis à un régime approprié à leur état. Elle apprend la valeur des aliments, l'emploi ou l'omission de certains suivant les cas pathologiques. Il est vrai que c'est le médecin qui prescrit la diète mais c'est la garde-malade qui voit à son application. Il lui faut donc des connaissances en diététique qu'elle acquiert, non seulement par ses observations au chevet des malades, mais encore par les cours donnés à la salle de clinique. Or le curriculum exige une moyenne de soixante heures réparties en cours théoriques et pratiques. Ces leçons données soit par un médecin, soit par une diététiste sont en regard des connaissances acquises dans les autres cours.

Afin que la garde-malade puisse bénéficier entièrement du cours de diététique elle doit savoir au moins l'anatomie, la physiologie, la pathologie, la chimie, et l'hygiène avant d'aborder l'étude de la diététique, autrement comment comprendrait-elle, par example, le métabolisme des aliments ou encore la restriction des protéides chez un cardio-rénal? L'é-

tude de cette matière ne serait qu'une affaire de mémoire et non d'application pratique. Pour cette raison je crois qu'il est préférable de placer le cours de diététique en deuxième ou troisième année.

Aux probanistes il faut tout de même donner des notions élémentaires de nutrition, leur enseigner la préparation facile de certains aliments, le soin méticuleux des plateaux, ou encore leur indiquer les conséquences graves résultant d'une négligence à prévenir qui de droit lorsqu'un patient ne consomme pas tous ses aliments, v.g., un diabétique ayant reçu une forte dose d'insuline, etc.

Il est indifférent de faire suivre immédiatement le cours théorique de la leçon pratique ou de réunir les démonstrations en un tout homogène à la fin des cours. L'essentiel pour l'élève c'est d'avoir les deux. Là ne se terminent pas les exigences du programme, la garde-malade doit en plus faire un stage à la cuisine de diète. Le minimum est d'un mois pourvu que la variété des régimes soit assez nombreuse. Durant ce temps, l'élève se rendra familière avec les régimes pesés et les différentes substitutions alimentaires, elle fera aussi cuire soupes, viandes, légumes, confectionnera avec goût salades et desserts, elle préparera avec propreté et économie des repas simples et appétissants. De cette façon elle acquerra la science nécessaire non seulement pour subir avec succès ses examens mais encore utile dans son service privé.

C'est alors qu'elle deviendra une fidèle collaboratrice du médecin en même temps qu'une bienfaitrice de l'humanité par l'application pratique des connaissances acquises durant ses années de cours.

L'enseignement de la diététique loin d'être relégué au dernier plan du programme doit attirer l'attention toute particulière de l'institutrice des gardes-malades afin que l'élève tire tout le bénéfice possible de cette science qui s'avère de plus en plus indispensable de nos jours.

Parachutes to the Rescue

Using parachutes similar to those used by the R.A.F. to drop food and supplies to British troops in the Burma jungles, serums and other medical supplies urgently needed by isolated Saskatchewan communities to combat disease epidemics will be dropped from the provincial government's flying ambulance or other planes in the future, it was revealed recently by Premier T. C. Douglas.

The new health service follows completion of successful tests conducted at Regina airport with the air ambulance aircraft. An 18-foot parachute was used to drop containers of serums, vaccines, and medical supplies in a peacetime adaptation of parachute-dropping techniques developed during the war. The experiments indicated the method of bringing quick relief to stricken communities, when other transportation is unavailable, to be entirely feasible.

The emergency service was developed at the request of Dr. H. S. Doyle, director of the communicable diseases division of the Saskatchewan health department. Dr. Doyle has been concerned in the past with outbreaks of scarlet fever, diphtheria, and other diseases in isolated districts served only once or twice a week by railway, or temporarily cut off from transportation by snow or other causes. Now such communities will be able to obtain medical supplies within a couple of hours of an emergency call.

The advantage of dropping supplies by air will occur when weather or terrain conditions make it dangerous or impossible for the flying ambulance to land. It is expected that calls for this emergency service will come mainly in the winter when roads are blocked and transportation facilities are slowed up. Calls from northern points may also come during the spring break-up and fall freezing periods when other transportation is temporarily halted. When it is possible for planes to land additional doctors and nurses will be transported to epidemic districts if needed.

The southern part of the province, to Prince Albert, is served by the Department of Health's flying ambulance plane. North of Prince Albert the service is taken over by aircraft of the Department of Natural Resources, which have also served as ambulance planes for this area in the past.

Interesting People

New honor has come to the nursing profession in Canada with the recent award of honorary life membership to **Elizabeth L. Smellie, C.B.E., R.R.C., LL.D.,** by the Canadian Public Health Association. Miss Smellie's citation states that the award was made "in recognition of outstanding contributions and signal services rendered in the promotion of public health." The most significant feature about the award is that this is the first that has been made to a nurse and only the second that has been given to a woman. Our heartiest congratulations to Miss Smellie!

Helen Eileen Penhale has been appointed director of the School of Nursing of the University of Alberta, Edmonton. Graduating from the Normal School in London, Ont., Miss Penhale taught for a short period before entering the school of nursing of the Mount Sinai Hospital, New York. Following graduation in 1933, she was medical supervisor there for three years. After a year of private duty, she became instructor at the University of Michigan Hospital, and subsequently joined the staff of the chemistry department at Columbia University. A year on the teaching faculty of the Massachusetts General Hospital and one with the nursing education department of Boston University provided the opportunity for further experience in teaching. Equipped with the degrees of Bachelor of Science and Master of Arts from Columbia University, Miss Penhale returned to Canada in 1942 to join the faculty of the Division of Study for Graduate Nurses at the University of Western Ontario, London. Her special field of interest there was school of nursing administration, ward teaching, and supervision. These courses she will now develop in her new post.

When the university year opens this fall, **Edna Agnes Electa MacLennan** will join the staff of the McGill School for Graduate Nurses as assistant director. Nurses throughout the Dominion are very well acquainted with Miss MacLennan, who, as assistant secretary at the National Office of the Canadian Nurses Association since January, 1944, has been exceedingly active in the various publicity programs undertaken by the C.N.A., particularly the student nurse recruitment campaign.

Notman, Montreal

ELIZABETH L. SMELLIE

HELEN PENHALE

A native daughter of Nova Scotia, Miss MacLennan received her Bachelor of Arts degree from Dalhousie University, Halifax, in 1929. Following her graduation from the Royal Victoria Hospital, Montreal, in 1932, she took the course in teaching and supervision in schools of nursing at McGill. A year as staff nurse with the Victorian Order of Nurses preceded her two years of service as clinical instructor at the Vancouver General Hospital.

In 1937, Miss MacLennan returned to the Victorian Order of Nurses and for six years was associated with the Order in various capacities, latterly as a National Office supervisor in the Maritimes. During this period, she took time out for further study and obtained her Master of Arts degree from Columbia University, New York, majoring in supervision in public health nursing.

Miss MacLennan has always maintained an active interest in the work of the professional organizations, holding various offices. At the present time, she is president of the alumnae association of the McGill School for Graduate Nurses, and first vice-president of the Royal Victoria Hospital Alumnae Association. She is a member of the American Public Health Association. She is also a member of the Beta Sigma Phi sorority.

Miss MacLennan's breadth of experience, together with her personal qualities of leadership, interest, friendliness, and sound commonsense, unite in making her appointment an unusually fitting one. The profession at large will wish for her both happiness and achievement in her new work.

Garcia, Montreal

ELECTA MACLENNAN

Another university appointment of considerable interest is that of **Ruth MacIntyre Morrison** to the Department of Nursing and Health at the University of British Columbia. Miss Morrison will assume her duties as assistant professor specializing in the instruction of public health nursing this autumn.

Miss Morrison hails from the opposite side of the continent. Born in Dartmouth, N.S., she received her elementary education in Wolfville. The stirring events of troop movements, explosions, etc., led her first into newspaper work. She forsook this calling in 1921 to enter the school of nursing of the Toronto General Hospital. Upon graduation, she commenced her professional career as a supervisor in the Moose Jaw General Hospital.

In 1928, she deserted institutional work for the public health field and for nine years was engaged in rural and urban work with the provincial Department of Public Health in Saskatchewan and in the city of Prince Albert. In 1939, she joined the staff of the Victorian Order of Nurses in Sackville, N.B., going a year and a half later to Cumberland County under the Nova Scotia Department of Public Health.

Choosing the University of Minnesota for graduate study, Miss Morrison majored in public health nursing for her Bachelor of Science degree. Until recently, she has been engaged as a teaching assistant at Minnesota while working towards her degree of Master of Public Health. She has served as a councillor with the Registered Nurses Associations

RUTH M. MORRISON

Karsh, Ottawa

A. EDITH FENTON

in Saskatchewan and Nova Scotia.

Miss Morrison's interests are varied and absorbing. Little theatre work, the Co-operative Movement, and international affairs are intermingled with a love of camping and out-of-doors activities. Collecting copper pieces forms her hobby interest, while the joy of her life is "Holly", her smooth-haired fox terrier. She returns to Canada and to her new work with the university with the good wishes of us all.

A. Edith Fenton is developing an interesting program of tuberculosis education in her new capacity as public health nurse on the staff of the Mountain Sanatorium, Hamilton, Ont. Her duties fall roughly into three categories in the arrangement of public health instruction—to patients and their visitors; to the graduate nurses on the staff; to classes of nurses in training. Miss Fenton is doing an excellent job of publicizing the public health aspects of tuberculosis, in the way it should be done.

Born and educated in Ontario, Miss Fenton graduated in 1917 from the Hospital for Sick Children, Toronto. After a brief period on the staff of the Department of Public Health, Toronto, she took her training in public health nursing at the University of Toronto. Her work as supervisor with the Massachusetts-Halifax Health Demonstration was an important factor in the success of this venture. In 1925, Miss Fenton was appointed superintendent of the Dalhousie University Public Health Clinic which functioned in conjunction with the Medical School.

As secretary to the Ambulance Committee of the St. John Ambulance Association, Miss Fenton had the opportunity to act as liaison officer between that association and the nurses of Canada at a time when every effort was being geared to the highest pitch in preparation for any eventuality the war might bring. She left the association to return to active nursing in the field of tuberculosis. She was engaged as instructor at the Sanatorium at Weston, Ont., prior to her present appointment.

Jacoby, Montreal

JESSIE PORTEOUS

Jessie E. C. (MacKenzie) Porteous, who served as administrative matron of the R.C.A.F. Nursing Service from 1941 until the service was disbanded in 1945, has accepted the directorship of the school of nursing at the Saskatoon City Hospital.

Born in Manitoba, Mrs. Porteous received her early education in Portage La Prairie. She graduated from the Saskatoon City Hospital in 1936 and supplemented her training shortly after, taking post-graduate work in tuberculosis nursing and treatment at the Saskatoon Sanatorium. Mrs. Porteous occupied posts as supervisor and instructor with her home school of nursing prior to her enrolment at the McGill School for Graduate Nurses. In 1940, she received her diploma in administration in hospitals and returned to Saskatoon City Hospital as assistant director of nursing. Upon her release from active service, Mrs. Porteous returned to McGill and completed the work for her Bachelor of Nursing degree.

Mrs. Porteous enjoys riding and skating. She has been a member of the Saskatoon Chapter of the Order of the Eastern Star for some years. Our good wishes go with her for renewed success on her return to civilian nursing.

Frances Grace Charlton, R.R.C., has recently been appointed matron of Sunnybrook, the new D.V.A. hospital in Toronto. Miss Charlton's appointment is a very popular one as she has had a wide experience in hospital work as well as in army hospital administration, and is well known in hospital and army circles.

Graduating from the Toronto General Hospital in 1925, Miss Charlton held various supervisory positions in that hospital prior to her enlistment in 1939. For eleven years she was head nurse in the emergency department so it was very natural for her to step into the role of nursing sister in charge of the operating room of No. 15 Canadian General Hospital when it was mobilized in September, 1939. She proceeded overseas with that unit and continued as charge nurse until she was made assistant matron in 1941. A year later, Miss Charlton was appointed principal matron of the Basingstoke Neurological and Plastic Surgery Hospital.

In 1944, Miss Charlton returned to Canada to act as assistant to the Matron-in-Chief at National Defence Headquarters. She remained in this position until she received her discharge and joined the D.V.A. Her first appointment with that service was as district matron in "D" district, Toronto.

Winnifred MacLean has been appointed assistant superintendent of nurses at the Royal Victoria Hospital, Montreal. Born in Ontario, Miss MacLean received her education in Chatham, N.B. She graduated from R.V.H. in 1923 and joined the staff immediately as head nurse on a surgical ward. Four years later she became surgical supervisor which post she relinquished to assume the superintendency of the Soldiers' Memorial Hospital in Campbellton, N.B. Miss MacLean returned to the Royal Victoria Hospital in 1938 as head nurse of the urology department. In 1941, she became surgical supervisor, later becoming second assistant superintendent of nurses.

Miss MacLean has been active in nursing organization work. She has served as chairman of the Hospital and School of Nursing Section of the R.N.A.P.Q. She recently retired from the presidency of her alumnae association.

Canadian Army Photo

FRANCES CHARLTON

Soeur Augustine, qui a fêté le 18 juin dernier le jubilé d'or de sa profession religieuse, est une figure bien connue des infirmières. Elle entra chez les Soeurs de la Providence le 11 août 1894. Une fois professe après des études supplémentaires en littérature, anglais et pédagogie, elle obtint son brevet supérieur d'enseignement puis fit ses études d'infirmière à St. Jean de Dieu, et occupa les postes d'hospitalière, secrétaire, pharmacienne et, depuis 1917, de directrice de l'école des infirmières.

Les succès de Soeur Augustine dans l'enseignement et son expérience en psychiatrie

SOEUR AUGUSTINE

ELSIE ROBERTSON

lui valurent d'être nommée directrice de l'Institut médico-pédagogique Emmelie Tavernier pour les enfants arriérés. Soeur Augustine fut directrice générale des écoles d'infirmières des Soeurs de la Providence, présidente de l'Association des Hôpitaux catholiques, et membre du comité de régie de l'Association des Gardes-Malades Enregistrées de la Province de Québec. Dans l'intérêt des écoles, Soeur Augustine fit maints voyages aux Etats-Unis et au Canada.

Elle aime les sciences naturelles tout particulièrement la botanique. Grâce à son zèle les pelouses de St. Jean de Dieu sont ornementéés de magnifiques fleurs. L'histoire et la géographie sont les lectures préférées de ses récréations.

Toutes nos félicitations et voeux de bonheur!

Ella Hope (Munro) Mack has resigned from the Blanchard-Fraser Memorial Hospital of Kentville, N.S., where she has been superintendent for the past two years. For the previous eleven years, she had been superintendent of nurses at the Nova Scotia Sanatorium. Mrs. Mack graduated from the McLean Training School for Nurses of Waverly, Mass., in 1927. She worked the first three years following graduation in supervisory positions in the United States, joining the staff of the Nova Scotia Sanatorium in 1930.

Mrs. Mack is a past president of the Registered Nurses' Association of Nova Scotia. She has been very active with the nursing divisions of the St. John Ambulance Brigade and is also a provincial councillor in the Brigade. On the occasion of her retirement, Mrs. Mack was the recipient of many gifts including a gold Chatelaine pin from the Ladies' Auxiliary. Mrs. Mack's life will be far from dull. She will have her music, her books and, best of all, her son.

Elsie Robertson, who hailed originally from Banffshire, Scotland, and who has been on the staff of the Winnipeg Municipal Hospitals for the past thirty-three years, has been forced to retire because of failing health. In 1913, Miss Robertson consented to nurse for one month at the old scarlet fever hospital—and then stayed on to become the superintendent of nurses in December, 1921.

Miss Robertson graduated from the Calgary General Hospital in 1909. She nursed for a brief period in the Phoenix General Hospital in B.C., then engaged in private duty in Winnipeg. She has served on the Board of Examiners of the Manitoba Association of Registered Nurses, as third vice-president, and also on numerous committees. She was a recipient of the King George V Jubilee Medal in 1935.

Retirement for Miss Robertson does not mean that she will live an inactive life. She is not built that way and has many plans for the future. "I love the outdoors. I've tried just about every sport and though I don't shine in one, I like doing them all—skating, snowshoeing, golfing, tennis, walking." She also enjoys reading and sewing, is fond of music, and is considering taking up oil painting. We join with her many friends in Manitoba in wishing her long years of happy activity.

Royal Canadian Naval Nursing Service

The following nurses, serving with the Royal Canadian Naval Nursing Service, received awards in the King's Birthday Honours List:

Royal Red Cross: Matron Eula W. Ledingham (Vancouver General Hospital).

Associate Royal Red Cross: Matron Hazel E. Tilling (Hamilton General Hospital); Matron Fay Rutledge (Toronto General Hospital); N/S Orvis B. Cameron (Halifax Infirmary); N/S Viola G. (Copp) Van de Weil (Toronto General Hospital).

Notes from National Office

International Council of Nurses

THE FOLLOWING report on the relief program was contributed by Julia Freund in the *International Nursing Bulletin:*

Urgent pleas for material aid for nurses in devastated countries have been coming to the I.C.N. for many months. Uniforms and uniform accessories, shoes, stockings, soap, funds for the hospitalization of sick nurses, and professional literature are critically needed. Information about these needs was sent immediately to UNRRA and to the national associations of nurses in countries less directly affected by the war. The associations appealed to were those of Canada, the United States, Australia, New Zealand, South Africa, and India. The responses manifest the concern of nurses over the desperate situation of their colleagues in most of the European countries, China, and the Philippines. The number of nurses in need totals approximately 650,000.

One of the obstacles encountered in providing a minimum supply of professional clothing for the above number of nurses was an *insufficient national* supply for export of cotton and woollen materials, ready-made uniforms, shoes and stockings. We have had to rely on uniforms, shoes, coats, and capes which have been donated.

Collections of used uniforms, coats, shoes, etc., are being conducted by the American Nurses' Association. These are to be sent to the national associations of nurses in four of the European countries. The Canadian Nurses Association has adopted the Dutch nurses, and has sent coats, capes, and food parcels.

The South African Nursing Association is also collecting uniforms for shipment, and has made a very generous contribution of money which will provide for the hospitalization of more than one nurse in Switzerland, under the special project of the League of Red Cross Societies.

The I.C.N. has transferred sufficient funds to the League of Red Cross Societies for the continuous care of three nurses in hospitals and sanatoria in Switzerland. These funds have come to the headquarters' office as voluntary contributions from private donors and nursing organizations.

Names and addresses of nurses have been secured by the I.C.N. from the national associations so that nurses and other interested people who wish to send parcels of food and clothing may have a *bona fide* addressee—a nurse or a student nurse—to whom they may make their contributions personally.

Packages of professional literature have been sent by the I.C.N. to all of the national associations which so long were deprived of outside contacts. These have been made available by the I.C.N., A.N.A., N.L.N.E., A.J.N., N.O.P.H.N., and the American Red Cross.

The I.C.N. wishes to express its appreciation for all of the contributions of money, uniforms, etc., which nurses and other interested individuals have made. The relief assistance, given both to the national nurses associations and directly to the I.C.N., has brightened thousands of nurses' lives. Heartening and generous as the contributions have been, the enormity of the need which remains dwarfs the present accomplishment. Yet, the emergency can be met with

just one gift from every nurse who is fortunate enough to live in comfort and comparative luxury, measured by the conditions under which almost half of the nurses of the world are living and working.

Despite the restrictions and anxieties which shrouded their work, definite progress has been made in nursing activities in many of these countries during the war years. A brief synopsis of the reports which have been received reveals many outstanding developments:

Finland now has two schools of nursing which provide preparation in public health nursing within the three-year course. A new public health law requires every town to have one public health nurse per 4,000 inhabitants.

Belgium: The National Federation of Nurses of Belgium held their first Congress since the war in November, 1945. Legal protection of the title of nurse and the establishment of a college of nursing are two problems upon which the federation is working. Several Belgian sister-tutors had the opportunity of a study tour in England this year.

India: The estimated number of nurses needed for India is eight hundred thousand. The distribution of the present number of nurses (7000) is statistically one nurse per 55,000 population. The Trained Nurses' Association of India has worked to improve the working conditions and to raise the level of general education for girls entering nursing schools. Standards of nursing are high. The Association maintained the publication of its *Journal* throughout the past difficult years, and is recognized by the Central Government as the official advisory body on all matters concerning nursing in India.

France: The Registered Nurses Association of France has centralized in its office all requests for employment. The need for well-qualified nurse administrators, instructors, and supervisors in hospitals and public health nursing is acute. The law of 1943 protects the title of nurse and limits the practice of nursing to those possessing a state diploma. Many schools of nursing were destroyed during the war.

South Africa: The nurses of South Africa may be justly proud of their fine record of activities and accomplishments during the years of the war. Military and civilian nursing needs were met, general nursing conditions improved, post-graduate courses were established, financial assistance and gifts were sent to nurses in other countries, and a recruitment program was organized. Membership is obligatory for all registered, practising nurses, midwives, and registered students.

South America: The first professional nurses, who received preparation in Ecuador, were graduated in October, 1945, from the National University School of Nursing in Quito.

Great Britain — The National Insurance scheme: The professional association committee reported on the progress of the National Insurance Bill, which had come up for second reading in the House of Commons. As the Bill stands, private nurses, who will be classed as self-employed, will find themselves in an unfavorable position, and much will depend on the nature and content of the regulations which the Minister will take power to issue. A letter had been sent to members of Parliament stating that it failed to provide for the special conditions and needs of nurses. Members were asked to press for an assurance from the Minister that he would give effect to the representations made by the Royal College of Nursing on the subject. The Industrial Injuries Bill contains no provision for nurses who may contract tuberculosis or any other infectious disease in the course of their work, and it was agreed to press for recognition of the fact that, insofar as the hazards of employment were concerned, the nurse stood in the same relation to her patient as the worker to his job.

Dental Assistants: The British Dental Association is inquiring into the title, wages, training, and conditions of service of women assisting

dentists in public or private dental surgeries.

The Public Health Section reported a successful meeting with representatives of the British Red Cross Society and St. John Ambulance Association, and the Council agreed to the section's request for the establishment of a standing group conference between the three bodies for the discussion of matters of joint interest.

The New Quebec Act

We are indebted to Miss E. Frances Upton, executive secretary-registrar, for the following information concerning the new "Quebec Nurses Act":

The Act, creating the necessary legislation to declare nursing a profession, and requiring that all who practise nursing for remuneration shall be licensed, was passed unanimously by the Quebec Legislative Assembly on April 14, 1946, and received Royal Assent three days later. It will become law on December 31 next.

It is called the "Quebec Nurses Act" and our association becomes the "Association of Nurses of the Province of Quebec" being in line with all other professional associations in the province.

The educational requirements of candidates, the clinical field for students, etc., are those already provided for in our present registration Act, designated therein to come into effect on December 31, 1948, now will be required after December 31, 1946. District Associations Nos. 11 and 12, comprising Montreal Island, are to be united.

1. The affairs of the association shall be governed by the committee which shall comprise 24 members of the association elected by the members of the districts hereinafter enumerated, and in the manner prescribed by this Act: (a) Districts Nos. 1, 2, 3, 4, 5, 6, 7, 8, and 10 shall each elect a member of the committee; (b) District No. 9 shall elect 4 members of the committee; (c) District No. 11 shall elect 11 members of the committee.

The procedure of said election shall be determined by the by-laws passed by each of the districts.

The duties and responsibilities of the "Secretary-Registrar" are outlined in the Act and she becomes rather important.

Division No. 4, comprising requirements for "Admission to Study", gives the association power and responsibility over the admission of students and includes the requirements already referred to.

Division No. 5, comprising requirements for "Admission to the Practice of the Profession", carries all the provisions of our present Act and provides more adequately for the reciprocal registration of nurses from other parts of the world as follows:

30. Every person, registered as a nurse in any other country or province, may be admitted to the practice of the nursing profession provided that she proves, to the satisfaction of the committee, that she has the qualifications and competency equivalent to those required by this Act.

A few more of the newer features which round out our streamlined Act include: (a) Council on Discipline:

46. For the better observance of the by-laws of the association and of the rules of professional ethics, there shall be a council of not less than three members chosen from among the members of the association and called the "Council on Discipline."

47. The members of the Council on Discipline shall be appointed by the committee from members of at least ten years' practice.

(b) Nine actions or attitudes are described as being "derogatory of professional honour." (c) Penalties for breach of professional honor are well and adequately provided.

The usual exemptions are provided and a generous waiver clause takes care of all qualified non-registered nurses, providing they take advantage of the privilege during the two-year period between December 31, 1946, and December 31, 1948.

As an alternative to a definition

RATIO OF NURSES TO POPULATION, 1946

	B.C.	Alta.	Sask.	Man.	Ontario	Quebec	N.B.	N.S.	P.E.I.
Population (1941 census)	817,861	796,169	895,992	729,744	3,787,655	3,331,882	457,401	577,962	95,047
Registered nurses—Total	3,576	1,823	1,513	1,794	16,845	5,258	849	1,545	145
Registered nurses—Per capita	1 per 228	1 per 436	1 per 592	1 per 407	1 per 225	1 per 629	1 per 539	1 per 374	1 per 655
Students in Schools of Nursing	1,132	961	969	879	4,290	2,474	586	763	105

of "Nursing" our law describes "a Nurse" as follows:

7. The word "Nurse", (in French "Infirmière"), means any person of the female sex possessed of the qualifications required by this Act and who is authorized to render services for the care of the sick and to give care intended for the prevention of disease and to receive remuneration therefor, and any member of the Association of Nurses of the Province of Quebec.

The opposition to such drastic changes has been overcome, but the implementation of these provisions, and the re-adjustments called for, will require courage, wisdom, determination, and understanding.

by the Registered Nurses' Association of British Columbia.

There are more nurses today but there has been such an extraordinary expansion of hospitalization and public health work, that all the needs cannot be met.

Committee on Placement Bureaux

The only recent activity of this committee has been concerned with the implementation of the motion, from the November meeting of the Executive Committee, which reads:

That the Executive Committee, C.N.A., approve the general principle of a national Placement Service; and that the plan submitted by the Committee on Placement Bureaux be referred back to the provincial Registered Nurses' Associations, following which suggestions can be made by the national Committee on Placement Bureaux as to possible immediate steps to be taken.

COMPARATIVE REPORT FOR 1939 AND 1945 SHOWING THE NURSING SITUATION IN B.C.

	1939	1945	Increase Number	Increase Percentage
Students in Schools of Nursing	758	1,132	374	49
New registered nurses	319	496	177	55.5
Currently registered nurses	2,296	3,576	1,280	55.7
Graduate nurses—D.V.A. hosp.	18	200	182	101.1
Graduate nurses—Govt.-aided hosp.	961	1,400	439	45.6
Graduate nurses—Public Health.	91	107	16	17

Statistical Information

Statistical tables may seem dull and uninteresting data to many nurses. Those who are concerned about the continuing shortage of nurses will find much of interest in the accompanying analysis prepared

In January a copy of the report

of the institute for placement service directors, to which was attached an outline of a suggested national plan, was sent to each provincial association, with the request that the plan be studied and suggestions submitted, "particularly in regard to what features of the plans should be and could be developed at this time." Communications received to date indicate that only four provincial associations have formally approved the principle of a national placement service. Six provincial representatives on the national committee, however, have expressed approval and none has rejected the principle.

The Core Committee held a meeting on March 20, at which time various communications from the provinces were reviewed and suggestions for the immediate implementation of some of the recommended functions of the national placement office were considered.

Forms: It was agreed that, for purposes of referral, uniformity in at least three forms would be essential. It was recommended that:

1. The national office proceed with the preparation of three forms: (a) application form; (b) "position vacant" form; (c) reference or confidential report form.
2. The application form contain a section for use in referral.

The application forms now used by existing provincial placement bureaux are very similar and it was felt that relatively few changes would result in a satisfactory general form. The "position vacant" forms are also similar; the one prepared by one provincial service seems particularly good. There is little similarity, in the different provinces, in the form for confidential reports.

Referrals: The original plan of routing all inter-provincial referrals through a national office was given careful consideration. Two provinces have recommended direct inter-provincial referral when the registrant has stated her preference for a certain province. It was, therefore, recommended that:

(1) At present, consideration be given to referring to a national bureau only high level positions or registrants qualified for high level positions. (2) The national bureau be informed of all direct inter-provincial referrals. (3) An outline be prepared for use by the provinces in forwarding statistical data to the national bureau.

Publicity and Public Relations: There seems to be a real need for an educational campaign, to interpret the work of nurse placement service to the public, to the medical profession, to employers, and to nurses. The members of the Core Committee are of the opinion that provincial placement bureaux would welcome assistance and recommend that:

An outline for a comprehensive publicity and public relations program for placement service be prepared and sent to the provinces.

Job Analysis: The desirability of developing uniformity in position nomenclature and of drawing up "job specifications" for nursing positions has become increasingly apparent. It is recognized in other fields that equitable salary and promotion plans, and sound employment and placement procedures, are dependent upon careful analysis of the essential features of each position or job and the qualifications of the worker who could be expected to satisfactorily fill the position. The committee recommends that:

Consideration be given to a job analysis of nursing positions and that, if undertaken, it be a co-operative project of the three interest groups—institutional, private duty, and public health.

U.S. Department of Agriculture studies show that, on a quality basis, the juice from small oranges averages better in flavor or taste than from larger oranges. It is also richer and sweeter —has more solids. In addition, the Vitamin C value of the juice of small oranges averages higher than juice from the larger fruit.

—*Consumer's Guide*

Notes du Secrétariat de l'A.I.C.

CONSEIL INTERNATIONAL DES INFIRMIÈRES
Rapport du programme des secours publié par Julia Freund dans Le Bulletin I.I:

DES DEMANDES urgentes de secours pour les infirmières des pays dévastés parviennent au C.I.I. depuis plusieurs mois. On a grandement besoin d'uniformes et de tout ce qui le complète, chaussures, bas, savons. En plus de fonds pour l'hospitalisation d'infirmières malades, de livres professionnels. L'UNRRA fut informé immédiatement de ces besoins de même toutes les associations nationales des pays ayant été moins directement touchés par la guerre. On fit appel au Canada, aux Etats-Unis, à l'Australie, la Nouvelle-Zélande, les Etats sud-africains, et l'Inde. Les réponses montrèrent l'intérêt des infirmières envers leurs compagnes si durement éprouvées dans presque tous les pays de l'Europe de même qu'en Chine et aux Philippines.

Le nombre d'infirmières ayant besoin de secours est d'environ 650,000.

Une des difficultés éprouvée lorsqu'il s'est agit d'envoyer le minimum d'uniformes pour ces infirmières fut de constater que la réserve nationale en tissus de coton, de laine, en uniformes, bas, et chaussures n'était pas suffisante pour l'exportation. Il nous a fallu se contenter d'uniformes, chaussures, manteaux, et capes usagés qui nous furent donnés.

L'Association des Infirmières américaines envoya dans quatre pays d'Europe des chaussures et des vêtements qu'elle avait recueillis. L'Association des Infirmières Canadiennes adopta les infirmières de Hollande et envoya des manteaux, des capes, et des vivres. L'Association des Infirmières sud-africaines recueille aussi des uniformes qui seront expédiés, en plus elle a souscrit une somme considérable d'argent qui assurera l'hospitalisation en Suisse suivant le plan de la Ligue de la Croix-Rouge des diverses nations, a plus d'une infirmière. Le Conseil international des Infirmières a réuni suffisamment de fonds à la Ligue des Associations de la Croix-Rouge pour que trois lits dans les hôpitaux et sanatoriums de la Suisse, soient mis à la disposition des infirmières. Cet argent a été adressé au bureau principal du Conseil par des particuliers et des associations d'infirmières.

Le Conseil international des Infirmières en s'adressant aux associations nationales, s'est procuré le nom et adresse d'infirmières dans le besoin afin que les personnes intéressées à les secourir personnellement puissent le faire en toute bonne foi. Des livres et de la littérature professionels ont été envoyés par le C.I.I. à toutes les associations nationales qui étaient isolées durant des années. Ont contribué à ces envois: L'Association des Infirmières américaines, National Ligue of Nursing Education, American Journal of Nursing, National Organization for Public Health Nursing, La Croix-Rouge américaine.

Le Conseil I. des I. remercie les infirmières et les autres personnes qui ont envoyé des secours, argent, uniformes, etc. En assistant les associations nationales ou le C.I.I. l'on a contribué à adoucir la vie de milliers d'infirmières. Si généreuses et si réconfortantes qu'aient été les offrandes elles ne semblent qu'une goutte d'eau dans le mer, tant les besoins de secours sont grands. Pour l'infirmière qui a la bonne fortune de vivre dans notre pays le moindre confort dont elle jouit est un luxe si on le compare aux conditions de vie de la moitié des infirmières du monde. Si chacune de nos infirmières faisait un don, l'urgente nécessité des infirmières sinistrées seraient grandement diminuée.

Malgré les restrictions et l'anxiété qui ont jeté une ombre sur leur travail, des progrès dans le domaine du nursing ont été réalisés dans plusieurs pays durant la guerre. Voici un bref résumé des rapports reçus; on y notera des progrès remarquables:

Finlande: Deux écoles d'infirmières offrent un cours de trois ans qualifiant l'infirmière en hygiène publique. Une nouvelle loi d'hygiène sociale oblige chaque ville de 4,000 habitants d'avoir une infirmière hygiéniste.

Belgique: La fédération nationale des Infirmières de Belgique a tenu son premier congrès depuis la guerre en novembre, 1945. La reconnaissance légale du titre d'infirmière et l'établissement d'un collège pour infirmières sont deux problèmes à l'étude. Plusieurs infirmières institutrices ont eu l'occasion de faire un voyage d'étude en Angleterre durant l'année.

Inde: Huit-cent mille infirmières seraient nécessaires aux Indes. La repartition des infirmières (7,000) est actuellement d'une pour 55,000 habitants. L'Association des gardes-malades de l'Inde a travaillé à améliorer les conditions de travail, à élever le degré d'instruction dans les écoles d'infirm-

ières. Les standards de la profession sont élevés. L'association a maintenu la publication de son journal durant les années difficiles qui viennent de s'écouler. Pour tout ce qui concerne le nursing aux Indes, l'association est l'aviseur du gouvernement central.

France: L'Association des Infirmières diplomées de l'état reçoit dans ses bureaux toutes les demandes d'emploi. Il y a une grande demande pour des infirmières bien qualifiées comme directrice, institutrice, surveillante dans les hôpitaux et d'infirmières hygiénistes. La loi de 1943 reconnait le titre d'infirmière et seules ont droit de pratiquer les personnes qui ont un diplôme de l'Etat. Plusieurs écoles d'infirmières furent détruites durant la guerre.

Etats Sud-Africains: Les infirmières de ces états sont fières à juste titre de ce qu'elles ont accompli durant la guerre. L'on répondit aux besoins des hôpitaux militaires et civils. La situation du nursing en général a été améliorée, des cours post-scolaires ont été établis, des dons en argent et en nature furent offerts aux infirmières de d'autres pays, un programme de recrutement fut organisé. L'inscription est obligatoire pour toutes les infirmières epregistrées, les gardes-malades (practical nurse), les sages-femmes, et les élèves infirmières.

Amérique du Sud: Les premières infirmières professionnelles de l'Equateur furent diplômées en octobre, 1945, de l'Ecole des Infirmières de l'université de Quito.

Grande Bretagne: Projet d'assurance nationale: D'après le rapport présenté par le comité des associations professionnelles, ce projet de loi a été lu en deuxième lecture devant la chambre des communes. Tel que présenté ce Bill classifie les infirmières du service privé comme leur propre employeur et elle se trouvent du fait dans une mauvaise situation; cette situation sera affectée par la nature et le contenu des règlements que le ministre a le pouvoir d'émettre. Une lettre a été envoyée aux membres du parlement disant que cette loi ne répond ni aux besoins ni à la situation spéciale des infirmières. On insiste en plus dans cette lettre, qu'une pression soit faite pour que le ministre donne l'assurance que les réprésentations faites par le College Royal des Infirmières soient prises en considération. La loi des accidents de travail ne contient aucune disposition qui protègerait les infirmières contractant la tuberculose ou autres maladies contagieuses au cours de leur travail. La même relation existe entre l'infirmière et son patient qu'entre l'ouvrier et sa machine ou son travail. L'on insiste pour que cette relation soit reconnue comme un fait.

Techniciennes dentaires: L'Association dentaire britannique fait une enquête concernant les qualifications, salaires, entrainement et les conditions de travail des femmes assistant les dentistes dans les cliniques et bureaux privés de chirurgie dentaire. La section de l'hygiène publique rapporte qu'une assemblée conjointe de représentantes de la Croix-Rouge britannique, de la Société ambulancière St. Jean et de l'association a été un franc succès. L'on s'est rendu à la requête de la section à savoir: d'établir une conférence permanente des trois partis, afin de discuter les affaires d'un intérêt commun.

La Loi des Infirmières de Québec

Nous sommes reconnaissantes à Mlle Upton, secrétaire-registraire, des renseignements suivants concernant la nouvelle "Loi des Infirmières de Québec." La présente loi reconnait la profession d'infirmière et oblige toutes les infirmières professionnelles, qui moyennant rémunération, rendent des services touchant le soin des malades, a obtenir une license. La loi fut approuvée à l'unanimité par le Conseil Législatif le 14 avril 1946 et reçut la sanction royale trois jours plus tard. Elle deviendra en vigeur le 31 décembre 1946. Elle est connue sous le nom de "Loi des Infirmières de Québec", et notre association deviendra du fait "l'Association des Infirmières de la province de Québec."

Les qualifications éducationnelles des candidates, l'expérience clinique ne sont pas changées, elles demeurent tel que mentionnées dans notre loi d'enregistrement actuel. Les dispositions de la présente loi qui devaient prendre effet le 31 décembre 1948 seront en vigeur maintenant le 31 décembre 1946. Les associations divisionnaires numéros 11 et 12 n'en formeront plus qu'une comprenant toute l'ile de Montréal.

1. Les affaires de l'association sont régies par un comité comprenant 24 membres de l'association élus par les membres des districts ci-après énumérés et de la manière prescrite par la loi: (a) les districts numéros 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, élisent chacun un membre du comité; (b) le district no. 9 élit quatre membres du comité; (c) le district no. 11 élit 11 membres du comité.

La procédure des susdites élections est déterminée par les règlements adoptés par chacun des districts. Les devoirs et respon-

sabilités de la secrétaire-registraire sont définis par la loi. Sa charge est importante. La section no. IV de l'admission à l'étude donne à l'association tous les pourvoirs et toutes les responsabilités concernant l'admission des étudiantes. Cette section comprend les dispositions de la présente loi (1943) concernant l'admission à l'étude. La section no. IV de l'admission à l'exercice de la profession comporte toutes les dispositions de la loi actuelle. Les mesures prises pour l'enregistrement des infirmières des autres pays sont plus satisfaisantes, à savoir:

30. Toute personne enregistrée comme garde-malade ou infirmière dans un autre pays ou une autre province, peut être admise à l'exercice de la profession d'infirmière pourvu qu'elle démontre à la satisfaction du comité qu'elle a les qualités et la compétence équivalentes à celles requises par la présente loi.

Voici quelques autres particularités de notre loi:

(a) Conseil de discipline. (46) Dans le but de faire observer les règlements de l'association et les règles de l'étiquette professionnelle, il est crée un conseil d'au moins trois membres choisis parmi les membres de l'association et appelé "conseil de discipline." (47) Les membres du conseil de discipline sont nommés par le comité et choisis parmi les membres ayant au moins dix années de pratique.

(b) Neuf actes sont déclarés dérogatoires à l'honneur professionnel.

(c) Les peines disciplinaires pour les manquements à l'honneur professionnel sont de bonnes et justes mesures.

Le mot infirmière en anglais "Nurse" est défini plutôt que le mot "Nursing" dans la loi comme suit: (7) Le mot "Infirmière" (en anglais "Nurse") signifie toute personne du sexe féminin possédant les qualités requises par la présente loi et qui est autorisée à rendre moyennant rémunération des services touchant le soin des malades et à donner des soins destinés à prévenir les maladies, et tout membre de l'association des infirmières de la province de Québec.

Des mesures aussi rigoureuses amenèrent une forte opposition. La lutte fut gagnée. La mise en oeuvre pour assurer le succès des dispositions de la loi demande du courage, de la sagesse, de la détermination, et une grande compréhension.

COMITÉ DU BUREAU DE PLACEMENT

Les dernières activités de ce comité ont été de donner suite à la motion du conseil exécutif de l'A.I.C. présenté en novembre dernier:

Que le comité exécutif de l'A.I.C. approuve d'une manière générale le principe d'un bureau de placement national; et que le plan soumis par le comité du bureau de placement soit retourné aux associations provinciales des infirmières enregistrées en y ajoutant toutes les suggestions qu'il sera possible de faire actuellement par ce comité concernant les mesures à prendre à cet effet. En janvier une copie du rapport de l'institut tenu pour les directrices de bureau de placement fut envoyé à chaque association provinciale, on y ajouta le projet d'un plan d'un bureau national, l'on demande d'étudier ce plan et de faire des suggestions tout particulièrement sur les points qui pourraient être développés dès maintenant. D'après les renseignements reçus il n'y a que quatre associations provinciales qui ont déjà approuvé le principe d'un bureau national de placement. Les représentantes de six provinces sur le comité national ont néanmoins exprimé leur approbation et aucune n'en a rejeté le principe.

Des membres de l'exécutif se réunirent en comité le 20 mars. Les communications reçues de différentes provinces furent examinées et les suggestions faites sur les mesures à prendre immédiatement en vue d'un bureau de placement national furent considérées.

Formules: Il a été décidé que pour fins d'échange entre les bureaux de placement trois formules uniformes seraient nécessaires. Il a été recommendé:

1. Que le secrétariat national soit chargé de la préparation de ces trois formules: (a) formule d'application; (b) formule de position libre; (c) formule de référence ou rapport confidentiel.

2. Que dans la formule d'application, une partie soit réservée à l'usage des bureaux de placement. Les formules d'applications actuellement employées par les bureaux de placement provinciaux sont presque identiques; après quelques légers changements dans l'une ou l'autre la formule sera satisfaisante. La formule pour les positions vacantes sont aussi semblables, l'une d'elle nous semble particulièrement bien. Les formules de références employées par les provinces sont différentes les unes des autres.

Echange: Le plan original de diriger tous les échanges inter-provinciaux au bureau national fut étudié avec soin. Deux provinces ont suggéré que les échanges se fassent directe-

ment entre les provinces lorsque l'inscrivante a déclaré ses préférences pour une province déterminée. Il fut alors recommandé:

1. Que présentement que l'on considère au bureau national que les positions importantes ou les applications des inscrivantes hautement qualifiées.

2. Que le bureau national soit informé de tous les échanges directs inter-provinciaux.

3. Qu'une feuille à l'usage des provinces soit préparée pour compilation des statistiques devant être retournées au bureau national.

Publicité et relations extérieures: Une grande campagne de publicité semble nécessaire pour expliquer le fonctionnement d'un bureau de placement pour infirmières, au public, aux médecins, aux employeurs, et aux infirmières. Les membres du comité de régie de l'A.I.C. sont d'opinion que: (a) les bureaux de placement provinciaux seraient heureux d'avoir de l'aide et recommandent; (b) que l'on prépare un plan d'ensemble de publicité de relations extérieures pour les bureaux de placement et que ce programme soit envoyé aux provinces.

Analyse du travail: Il est évident que l'uniformité dans la nomenclature des positions et dans la description des positions offertes ou demandées par les infirmières est une chose désirable. Il est reconnu dans d'autres carrières que le juste salaire et l'échelle de promotion de même qu'un emploi adéquat pour chaque personne et la façon de placer les employés dépendent d'une analyse approfondie des particularités de la position ou du travail et de la compétence de l'employé que l'on croit susceptible de remplir la position. Le comité recommande: que l'on considère l'analyse des positions d'infirmières et que si elle est fait que ce soit un travail conjoint des trois groupes intéressés, service privé, hospitalier, et d'hygiène publique.

Les Tableaux des Statistiques

Bien des infirmières considèrent les tableaux des statistiques comme une chose monotone ennuyante. Ceux qui constatent la pénurie du personnel hospitalier seront intéressés de connaître le résultat de l'analyse de cette situation tel que présenté par l'Association des Infirmières de la Colombie Britannique.

"Le nombre d'infirmières est plus considérable que par le passé mais l'hospitalisation s'est étendue a un si grand nombre de gens et le développement des services de santé a été si intense qu'il est impossible de répondre à tous les besoins."

Annual Meeting in Saskatchewan

The twenty-ninth annual convention of the Saskatchewan Registered Nurses Association was held at the Bessborough Hotel, Saskatoon, with a registration of 176. Saskatoon was very happy to welcome to the meeting representatives from thirty-four centres throughout the province, including many of the public health nurses, and at least one representative of the student body from each school. This is by far the widest representation record at an annual meeting of this association. It is also the largest registration, with the exception of 1939 when the registration numbered over two hundred. Mrs. D. Harrison presided at all sessions.

Thought-provoking and inspiring addresses given by the Hon. T. C. Douglas, Premier and Minister of Health, on the health program in Saskatchewan, and on "Design for Nursing" by Miss Hazel Keeler, director of nursing education at the University of Manitoba, Misses Elizabeth Smith, director, Public Health Nursing Service, Louise Harris, superintendent of nurses, Mental Hospital, Weyburn, and Charlotte Crowe, Fort San, were among the highlights of the convention. Following the morning session members of the executive committee and Miss Keeler lunched with the Premier.

The session on Student Government was a very interesting one, and the contributions made by student nurses to the program give promise of most encouraging developments in leadership for the future.

Very delightful events were the tea given by the Saskatoon Chapter of the S.R.N.A. and alumnae associations of the Saskatoon hospitals on May 27, and an informal luncheon held on May 28.

Momentous decisions are seldom reached at conventions, but are often dependent on the views expressed at them. Many important

questions were discussed at this meeting. These included health insurance plans, the suggested revival of the British Nurses' Relief Fund Committee, further donations to the nurses in the Netherlands, and other activities reported by the special committees.

The proposed Constitution and By-Laws of the Canadian Nurses Association were reviewed also in some detail.

A special session at the annual meeting was devoted to discussion of the nurse aides or "Practical nurse." It was reported at the meeting that the department of Canadian Vocational Training is anxious to initiate such a course, with the endorsation and assistance of the S.R.N.A., the Saskatchewan Hospital Association, and the Department of Health.

The Instructors' Institute, held under the direction of Miss Grace Giles immediately preceding the annual meeting, was a very interesting session with an attendance of thirty.

The whole convention evidenced increasing interest on the part of young nurses. Those who have had long contact with the association were pleased to make so many new friends, as well as to renew old ones. We look forward to meeting in Regina next year.

K. W. ELLIS
Registrar, S.R.N.A.

Annual Meeting in Quebec

THE twenty-sixth annual meeting of the Registered Nurses' Association of the Province of Quebec was held on May 16 and 17, 1946, in the Windsor Hotel, Montreal. All three sessions held during the first day were conducted bilingually, the remainder being held separately for each language group whose Program Committees provided a truly good bill-of-fare.

The first session for official delegates and officers of district associations was designed to increase mutual understanding of our problems, and the reception of district association reports and discussion proved to be a happy idea. All district groups were represented; nurses from the far north and the sparsely settled districts on the Gaspé Coast met with those from the cities and towns and exchanged problems and ideas. Before the reception of the reports from the sixteen groups, which constitute the twelve newly-organized district associations, Miss Giroux, our visitor to French language schools, and the executive secretary, outlined the aims of the association as a whole, the problems confronting us, and our plans to overcome them.

The president, Miss E. Flanagan, presided during the session and at the luncheon which followed, and called upon several of those present to say a few words among them being Miss Gertrude M. Hall, general secretary, Canadian Nurses Association, who outlined briefly the plans for the twenty-third biennial meeting of the Canadian Nurses Association.

The general business session came to order with Miss Flanagan and Sister Valerie de la Sagesse, French vice-president, presiding. The president waived her right to present a formal address because, to use her own words, "the reports cover everything there is to be said." The names of those who presented reports, which were filled with interest and well received were as follows: honorary secretary, Ethel B. Cooke; honorary treasurer, A. Martineau; program committee, Mrs. Stuart Townsend, Anysie Deland. Sections: Hospital and School of Nursing, Dora Parry, Rev. Soeur D. Lefebvre; Public Health, M. Trueman, A. Girard; General Nursing, Effie Killins, Anne-Marie Robert; School Visitors, E. Frances Upton, Suzanne Giroux; publicity and recruitment, Margaret I. Brady, Juliette Trudel; *Canadian Nurse* committee, Madeleine Flander, Emma Rocque. (Following this report, Miss M. Kerr, editor and business manager of the *Journal*, presented some helpful comments and suggestions in support of *The Canadian Nurse*, which were interpreted in French by Suzanne Giroux.) Nominations, Alice Girard.

Voting for the election of seven members to the Committee of Management followed the adjournment of this session.

Between the afternoon and evening sessions on May 17, the directors of nursing schools, instructors and members of the Board of Examiners held a special meeting to discuss problems and prospective changes in connection with the conduct of examinations. Miss

Mary Mathewson, chairman of the Board of Examiners, conducted proceedings.

Miss Flanagan, as chairman at the evening session, presented the report of the Committee on Legislation which recorded our success in securing Canada's first nurse licensing act. Our legal adviser, Mr. Roger Ouimet, was present and assured us that the licensing act is a very fine piece of legislation.

The program, covering sessions in English on the second day, included "The Purpose and Function of a Nurse Placement Service" presented by Miss Gertrude Hall, followed by a journey to "Anywhere or Somewhere" conducted in an intriguing way by Miss Margaret Kerr. In the evening, Dr. R. P. Vivian, Chairman of the Department of Health and Social Medicine, McGill University, addressed us on "The Nurse in the Community." A symposium, conducted by and for our French confrères, was concerned with "In the Patients' Service", speakers representing the administration, the doctor, the superintendent of nurses, the director of the school, the head nurse, the nurse, the medical social worker, and the patient. Mme L. G. Beaubien, Dr. Ruth Legault, Rev. Soeur Allard, Rev. Soeur Marie Rheault, Rev. Soeur Ste. Rose de Lima, Rita Morin, a third year student, and Georgine Badeaux took part.

In the evening, the speaker was Mlle Germaine Bernier, columnist to *Le Devoir*, whose excellent address entitled "The Personality and Culture of the Nurse" was greatly appreciated; following this, films entitled "Jimmy Beats Rheumatic Fever", "Teacher Observation of School Children", and "Your Friend, 'The Public Health Nurse'" brought a successful meeting to a close. The attendance at all French sessions was the best in the history of the association.

On Saturday, the 18th, a special forum, entitled "The Nurse as a Teacher of Health", was conducted in the Hôtel-Dieu in French, the speakers being Mlle Proulx, instructor at Hôpital Saint-Luc, Montreal, and the Rev. Soeur Marie Rose Lacroix, instructor at Institut Marguerite d'Youville. Mlle Proulx outlined "The Preparation of the Nurse in the School" and Sister Lacroix, "The Application of her Teaching in the Hospital." The discussion which followed was directed by Mlle Giroux, those contributing being A. Martineau, Emma Rocque, Anysie Deland, Alice Girard, Mme R. Allard, and Rev. Soeur Normandin. Conclusion was rounded out by Dr. M. Adrien Plouffe, assistant director, Department of Health, City of Montreal.

Four members were re-elected to the Committee of Management and three new members added. The Committee of Management for 1946 is as follows: president, Eileen C. Flanagan, nursing supervisor, Montreal Neurological Institute; vice-president (English), Mary S. Mathewson, assistant director, McGill School for Graduates Nurses; vice-president (French), Rev. Soeur Valerie de la Sagesse, Director of Nursing, Ste. Justine Hospital, Montreal; honorary secretary, Ethel B. Cooke, Chandler Health Centre, Child Welfare Association, Montreal; honorary treasurer, Annonciade Martineau, assistant director of nursing services, Department of Health, Montreal; Mabel K. Holt, director of nursing, Montreal General Hospital; Marguerite Taschereau, local supervisor, Metropolitan Life Insurance Company, Quebec City; Ann Peverley, lecturer in public health nursing McGill School for Graduate Nurses; Pauline Crevier, instructor, Hôtel-Dieu, Montreal; Vera Graham, director of nursing, Homoeopathic Hospital, Montreal; Fernande Goyette, private duty nurse, Montreal; Gertrude Yeats, instructor Royal Victoria Montreal Maternity Hospital; Jeanne Lamothe, anti-tuberculosis dispensary, Provincial Department of Health, Three Rivers; Eugenie Mercier, staff, Notre Dame Hospital, Montreal.

E. Frances Upton
Executive Secretary-Registrar, R.N.A.P.Q.

Model Hospital Plans

Standard plans and working specifications for 10 or 20-bed rural hospitals and health centres will be made available, free of charge, to communities desiring to build, Premier T. C. Douglas announced recently.

"Prepared in consultation with medical and nursing authorities, the plans will save communities, building such hospitals and health centres, between $1,500 and $3,000," the premier stated. "The exteriors of the buildings are of modern and functional design that will add attractiveness to any community. But more important, the plans incorporate an efficiency of arrangement which reflects the most up-to-date thinking of experts in rural health services. These plans will enable Saskatchewan communities to provide themselves with the most modern facilities."

STUDENT NURSES PAGE

Typhoid Fever with Complications

FLORILLA LEBLANC
Student Nurse
Hotel Dieu of St. Joseph's School of Nursing, Saint Basile, Madawaska, N. B.

LILY came from a well-to-do family where she enjoyed a comfortable home in healthful surroundings. She had had a healthy, normal childhood up to the age of three and a half years when she became ill at the end of September. At this time her mother was in the hospital having a new baby, so that her watchful eye could not observe the first symptoms. True, the onset was gradual, nothing to be alarmed about. It was something like an ordinary cold, which did not seem to necessitate absolute rest in bed.

On October 4, however, it became evident that the child's condition was not improving. A marked degree of weakness and loss of appetite were noticed and her habitual cheerfulness seemed to have disappeared. Her temperature was found to be 104°F. She complained of headache and kept asking for water. On being called, the family doctor refrained from making a diagnosis although he suspected typhoid fever. He ordered sulfathiazole suppositories 1. t.i.d. The following day her father informed Dr. G by telephone that Lily looked better and that her temperature had dropped one degree. This apparent improvement was not of long duration for that same night the temperature again registered 104° F. and the doctor, finding no new developments, ordered his tiny patient to hospital.

Lily came to us on the afternoon of October 6 with a temperature of 104°, rectally. Laboratory tests proved both blood and urine to be normal and the Widal test was negative. Treatments were continued with the addition of ice on the abdomen and a typhoid diet. Nursing care at this time included two daily baths, a cleansing one in the morning and a cool refresher in the evening to help lower temperature, together with oral hygiene and alcohol sponges occasionally during the day. During the first night, diarrhea was noticed and delirium was apparent. The following day, bismuth hydrate dr. 1, q.i.d., was ordered, together with coramine min. 5, t.i.d. Sulfathiazole was continued.

Lily's condition remained about the same, her temperature 103°, with no remarkable symptoms until October 9 when tympanitis became evident. In the absence of Dr. G, she was visited by Dr. L who ordered sulfadiazine ½ tab. for the first dose and then ¼ tab. every four hours. The aforementioned medication was continued with the exception of sulfathiazole.

A number of cases of typhoid fever having developed in our region, a special department was opened in our hospital. On October 10, Lily was transferred there with the other eleven cases. Her temperature was now 104.2°. She slept most of the time not recognizing her parents who came to see her on that day. Diarrhea

persisted. A repeated Widal test was declared positive, and rose spots were now readily distinguishable on her abdomen. She had a cough, like many typhoid patients, which seemed to tire her. Cough mixture dr. 1, t.i.d., application of camphorated oil on her chest, and a pneumonia jacket brought some relief. Entero-vioforme one tablet, t.i.d., was prescribed and sulfadiazine discontinued.

Two days later, Lily entered into a state of stupor, with eyes staring ahead, unable to talk and not seeming to hear. From time to time she uttered a plaintive cry. Her head tossed from side to side, and loss of vitality was becoming pronounced. Paregoric, min. 30, was administered at night for rest, with very little effect.

On the 14th and 15th, her condition was poor. The pulse was very much weaker and the temperature had dropped to 100° F. On the 16th it was 97.2°. She took very small amounts of liquid with great difficulty. Meanwhile her tongue was covered with a brownish coat which resisted swabbing with lemon juice and liquid albolene. Diarrhea was still in its most severe state. On the 17th, after an unsuccessful attempt to give an intravenous injection of physiological salt solution, 60 cc. of the saline was given interstitially. On the 20th there was little hope of recovery. A bland enema was given to soothe the irritated mucosa. Most of this was returned with a considerable amount of darkish stool containing an abundance of mucus. Later in the day there were two more defecations of about the same consistency. On the 21st, consciousness returned and we noted some slight improvement except for the diarrhea. Castor oil, two drams in three doses, produced many dark-colored bowel movements containing mucus. After this the condition of the bowels improved gradually, becoming normal in a few days.

Although Lily began to eat and to enjoy her food, a continuous slight movement of the head and lips, that was scarcely noticeable at first, began to increase. We concluded that what we had taken for an indication of thirst was rather a nervous manifestation. Beminal, 1 cc. per day, was prescribed and all other medicines discontinued.

On the 22nd, the nervous movements were augmented. A constant opening of the mouth and extending of the tongue made feeding practically impossible. Her head and left arm moved continually from side to side. The neck stiffened and the doctor decided that Lily had developed meningitis as a complication. A spinal puncture revealed medium pressure, and laboratory findings confirmed the diagnosis. Soluseptozine 5 cc. was given intramuscularly and regular treatment for meningitis was instituted. After several days, serious discharge from the ear was noticed. The patient became irritable and had a continuous whining cry. Somnifene min. X brought relief during the night. The nervous motion seemed to decrease and the cough became less persistent.

On November 5, the consulting otologist diagnosed otitis media and prescribed Metaphen solution 1:2000, 2 min., t.i.d. Ice was applied to the ear and the Beminal was changed to Vitamin B. Great difficulty was experienced in persuading the child to take it. That day the temperature became normal, Lily spoke a little in the morning. By the 7th she was talking a lot more and for the first time recognized her parents, laughing and talking to them. Her condition continued to improve and when she left us on November 12, there was only a slight discharge from the left ear, which completely cleared up after a few days.

Later visits to her home strengthened our hopes that she would soon be her old self. She had developed a good appetite and gradually was gaining weight. She remained weak for a considerable period but this was understandable in view of the multiplicity of complications which had developed during her serious illness.

One nylon stocking contains, on the average, about a mile and a quarter of nylon yarn.

Book Reviews

He Conquered Death: The Story of Frederick Grant Banting, by Margaret Mason Shaw. 111 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1946. Illustrated. Price $2.00.

A delightfully-told tribute to a truly great man—Frederick Grant Banting. The intimate, gossipy account, written as a series of episodes told to eager lads by the doctor father of one of them, gives a deep insight into the vocation and avocations of this famous Canadian. Miss Shaw worked under Dr. Banting for eleven years as a research assistant so had ample opportunity to observe "the human side of true greatness."

There is an appeal, to the story which has been woven, which will reach out not only to boys and girls but to the adult-reading audience as well. Dr. Banting's gift to humanity made him world-renowned. "Banting never believed in taking anything for granted but wanted to find out by personal experience the particular problems concerned with each thing he investigated." He was showered with honors and awards, including knighthood in the Order of the British Empire. With all these accolades "he never lost the 'common touch' that made him one with us all." Human interest stories of his love for children brighten the pages. "Even though he was a world-famous figure, he never considered himself above helping anyone." His skill as an artist is shown in the reproduction of several of his paintings. There is inspiration in this book for every youthful reader. Dr. Banting's challenging words can have meaning for us all: "I am a firm believer in the theory that you can do or be anything that you wish in this world, within reason, if you are prepared to make the sacrifices, think and work hard enough and long enough."

Nursing in Commerce and Industry, by Bethel J. McGrath, R.N. 356 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1946. Price (in U.S.A.) $3.00.

Reviewed by Frances C. Harris, Consultant, Industrial Nursing, Department of National Health and Welfare, Ottawa.

"Nursing in Commerce and Industry" meets a widespread demand for an authoritative text on Industrial Nursing. Nurses in universities preparing for the generalized course in Public Health will find this text especially useful. Nurses who have entered industry without special preparation will appreciate the fundamental information contained in this book. Suggestions are practical and can be adapted to fit particular cases. The chapters on Equipment and on Records and Reports, the Outline for Manual of Policies and Procedures, are worthy of special mention. However, the book is definitely not just a nursing textbook. Many persons with a wide variety of skills are closely allied to the nurse in industry. Physicians, safety engineers, and personnel workers will find the book valuable and enlightening. In the chapter discussing relationships within the industrial plant, one senses that the writer has first-hand knowledge of her subject. Bethel McGrath's interpretation of the philosophy and practice of industrial nursing should enable executives, interested in the promotion of Industrial Health programs, to obtain more effective use of existing nursing service.

Medical Nursing, by Edgar Hull, M.D. and Cecilia M. Perrodin, R.N. 641 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 3rd Ed. 1945. Illustrated. Price $4.00.

Reviewed by Kathleen Durrell, Medical Supervisor, University of Alberta Hospital, Edmonton.

This third edition of "Medical Nursing", published in 1945, is an excellent textbook for student nurses. The set-up of material is particularly convenient and attractive as the contents are arranged in the unit plan and the pages are divided into two columns which facilitate reading.

The introductory unit on the "Basic Principles of Medical Nursing" is of particular value to instructors as well as student nurses, as the emphasis is directed to good bedside nursing. The different medical diseases and conditions are dealt with in some detail from a medical standpoint but the actual measures of the nursing care of each condition are fully described and explained.

The unit on cardiac disturbances and their nursing care is worthy of special mention. The various conditions are described clearly

and concisely so that they can be thoroughly understood by student nurses. The description of the nursing care is excellent and the section on health teaching should prove to be of great assistance to the nurse responsible for cardiac patients.

If more detailed information is desired on any subject, an excellent list of references may be found at the conclusion of each unit.

Structure and Function of the Human Body, by R. N. Baillif, Ph.D. and D. L. Kimmel, Ph.D. 328 pages. Published by J. B. Lippincott Co. Canadian office: Medical Arts Bldg., Montreal 25. 1st Ed. 1945. Illustrated. Price $3.50.

Reviewed by Jessie Cook, Instructress, Royal Victoria Hospital School of Nursing, Montreal.

This textbook of anatomy and physiology was written for the student who is just beginning her course and, according to the authors, has been used with satisfactory results in teaching this subject to student nurses. The rather lengthy introduction does away with the necessity for teaching the various systems in any special order as it gives the student sufficient background for the further study of any part of the body.

The beginner will find this brief little text with its excellent diagrams, both interesting and easy to understand. The number of scientific terms has been reduced to a minimum and we read of "circular folds" rather than "valvulae conniventes" and of "hammer, anvil and stirrup", instead of "malleus, incus and stapes." Brief descriptions are given of the lymphatic and portal system of circulation, though accessory venous channels in the arms, legs, and trunk are not mentioned. Only two short paragraphs with two diagrams are allotted to the skin. The authors state that many facts have been purposely omitted with the emphasis laid on basic principles rather than detail. The instructor, who insists on a wide understanding of scientific terms, will do well to choose some other text. Prenatal development and the endocrine system have been discussed more fully than have other topics and the method of grouping the endocrine glands in functional groups is interesting and new.

An adequate glossary and index complete the book.

Essentials of Allergy, by Leo H. Criep, M.D. 381 pages. Published by J. B. Lippincott Co. Canadian office: Medical Arts Bldg., Montreal 25. Illustrated. 1945. Price $6.00.

Reviewed by Dr. Adam S. Little, Dauphin Medical Clinic, Manitoba.

This text is ideal for the student of allergies. It begins on the strong foundation of first principles and gives a simple yet thorough discussion of the allergic phenomena. It distinguishes clearly between hypersensitivity, anaphylaxis, and allergy, and gives the broad outline for the diagnosis and treatment of allergic diseases in common. In subsequent chapters, it deals with individual types of allergies and devotes a chapter to each variety of allergy in children and discusses diagnostic skin tests.

A valuable aspect of the book is that on the inside front cover is a short summary of the salient points about anaphylaxis and allergy, while on the inside back cover is a tabulation of essential information about various allergic conditions.

The book is invaluable for nurses, undergraduate medical students, and general practitioners and would be an asset to any medical library.

Obituaries

Amelia Maud Bond, who graduated from the Massachusetts General Hospital more than forty years ago, died recently in Toronto. After practising in Boston for twenty years, Miss Bond returned to Toronto. She had been active with the Victorian Order of Nurses before her retirement.

Edna Edgar, a 1928 graduate of the Royal Columbian Hospital, New Westminster, died recently at her home in Fernie, B.C., after a long illness.

Beatrice MacLaughlin passed away at Wolfville, N.S., after a lengthy illness. Miss

MacLaughlin held the distinction of having been the first nurse to enrol for training when the Children's Hospital, Halifax, was opened in 1910. She served on the staff there for twenty-seven years, holding numerous appointments during that period.

H. Madeleine Mairs, who graduated from the Protestant Episcopal Hospital in Philadelphia, died recently in Toronto.

Ruth Evelyn Pridmore, who graduated from the Ottawa General Hospital in 1924, died recently in Ottawa after an illness of two months.

Lorna Marguerite Ryan, of Fredericton, N.B., died recently at the Saint John General Hospital where she had completed her training in 1945.

Lina (Rogers) Struthers, who was the first municipal school nurse in America, died recently in Toronto. Mrs. Struthers graduated in 1894 from the Hospital for Sick Children, Toronto. Following the completion of post-graduate work at Royal Victoria Hospital, Montreal, in 1896, she worked there for some time as head nurse, then as night superintendent.

Mrs. Struthers started the first organized system of school nursing in New York in 1902. In 1909, at the request of the Board of Education, she went to Toronto to organize school nursing. She helped to organize forest schools for underprivileged children. She was the author of a text on school nursing and did much to advance the development of this service in Canada, United States, and in Europe.

Estelle (Fowler) Toole passed away in Saint John, N.B. Mrs. Toole graduated from the Saint John General Hospital in 1909.

Alberta Department of Public Health

The following is information concerning the nurses on the staff of the Division of Public Health Nursing:

A new district has been opened at Breton, with *P. A. Chapman* in charge. *Mrs. Nina Renwick* has exchanged the Valley View district for White Mud Creek across the Smoky River. Pendryl district has closed and *A. Conroy,* who has served there for the past fourteen years, is doing summer relief work.

Appointments: *Agnes Mitchell, B.Sc.,* at Dixonville; *Mary White,* formerly with the armed forces, with Craigmyle district; *Camilla Gibson* with the newly-formed Spirit River Health district; *W. Bergman,* discharged from the R.C.A.M.C., at Sunnynook.

Resignations: *Alice M. Thorneloe* to become senior nurse with the Lamont Health Unit; *Nina Newton* from the Brooks health district to be married, and replaced by *M. A. K. Davis; G. M. Anderson* from Youngstown to be married, and replaced by *M. Fitzsimmons* who recently received her public health nursing certificate; *I. Jean Farewell* from New Brigden district to be married; *M. R. Burton* from Rocky Mountain health district to be married; *Mrs. Pat Morgan* from Wheatland health district, Strathmore, and replaced by *G. Hutching.*

B.C. Board of Health Nursing Service

The following are staff appointments to and resignations from the Nursing Service of the British Columbia Board of Health:

Appointments: *Evelyn Tier* (Royal Jubilee Hospital, Victoria) recently discharged from R.C.A.M.C., to the staff of the Central Vancouver Island Health Unit at Port Alberni; *Zoe Smith* (Portage La Prairie Hospital, Man.) to Surrey public health nursing service; *Amy Smith* (Vancouver General Hospital) recently discharged from R.C.A.M.C., to Matsqui-Sumas-Abbotsford public health nursing service; *Katherine Simmons* (Vancouver General Hospital) recently discharged from R.C.A.M.C., to Armstrong public health nursing service;

Beth Ocks (Edmonton General Hospital and University of B.C.) to open up Salmo-Fruitvale public health nursing service.

Resignations: *Mrs. B. Thompson* from Matsqui-Sumas-Abbotsford public health nursing district to direct a nursing home in Vancouver.

B.C. Division of Venereal Disease Control

Appointments: *Jean Kelman* (Vancouver General Hospital); *Mrs. Anita Sadler* (St. Joseph's Hospital, Victoria); *Margaret Jenkins* (Vancouver General Hospital); *Muriel Scott* (Vancouver General Hospital); *Mrs. Beryl (Saul) Mead* (Alberta University Hospital and public health course); *Beverly Wilson* (Vancouver General Hospital and University of B.C. public health course).

Resignations: *Mrs. Florence (Jackson) Barclay* (Vancouver General Hospital and University of B.C. public health course); *Eleanor Goodwin* (Vancouver General Hospital and University of B.C. public health course); *Blanche Blunden* (St. Paul's Hospital, Vancouver); *Fredericka Evans* (Vancouver General Hospital) to take a supervisory position at Tranquille Sanatorium.

Metropolitan Health Committee, Vancouver

Appointments: *Mrs. Betty Jeffrey* (University of British Columbia public health course) recently discharged from R.C.A.M.C.; *Dorothy Ladner* (B.A.Sc., University of B.C.) to University Health Services; *Ruth Ross* (Toronto General Hospital and University of B.C.) to Burnaby staff; *Mrs. Delores Bleyer* (B.Sc., University of Minnesota) to Unit 3; *Jenny Weir*, recently discharged from R.C.A.F., to Unit 2; *Mary Hawkins* (B.A.Sc., University of B.C.) to North Shore Unit and assigned to West Vancouver.

Resignations: *Mrs. Kay Anderson*, supervisor, Unit 1; *Mrs. Lillian McPhee*, Unit 1; *Mrs. Dorothy Wagg* to join husband in Regina; *Mrs. Madeline Werts* to return to Creston; *May Lore*.

Elizabeth Copeland has returned to the staff after completing a course in supervision and administration in public health at McGill School for Graduate Nurses and is now with Unit 3. *Catherine Perkins* (Maple Creek General Hospital and University of B.C.) recently completed the course in supervision and administration in public health at McGill School for Graduate Nurses after service with the R.C.A.M.C. *Margaret Dobbin* has returned to staff of Unit 3 after leave of absence to join first South African nursing unit and later the R.C.A.M.C.

Ontario Public Health Nursing Service

The following are the staff appointments to, transfers, and resignations from the Ontario Public Health Nursing Service:

Appointments: *Florence Greenaway* (Toronto Western Hospital; University of Toronto public health course; McGill University course in administration and supervision in public health) formerly with the Oshawa Board of Health, as supervisor of public health nursing with the newly-organized Bruce County Health Unit. *Nora Kenney* (Guelph General Hospital and University of Toronto public health course) formerly with the Welland-Crowland health unit, as supervisor of public health nursing with the health unit recently established in Dufferin County. *Edith Horton* (Victoria Hospital, London; University of Western Ontario public health course; McGill University course in administration and supervision in public health) as supervisor of public health nursing with Elgin-St. Thomas health unit, succeeding *Marjorie Rutherford* (Victoria Hospital, London, and University of Western Ontario public health course)who will pursue post-graduate studies at the University of Toronto School of Nursing. *Frances Fish* (Hamilton General Hospital and University of Toronto public health course)

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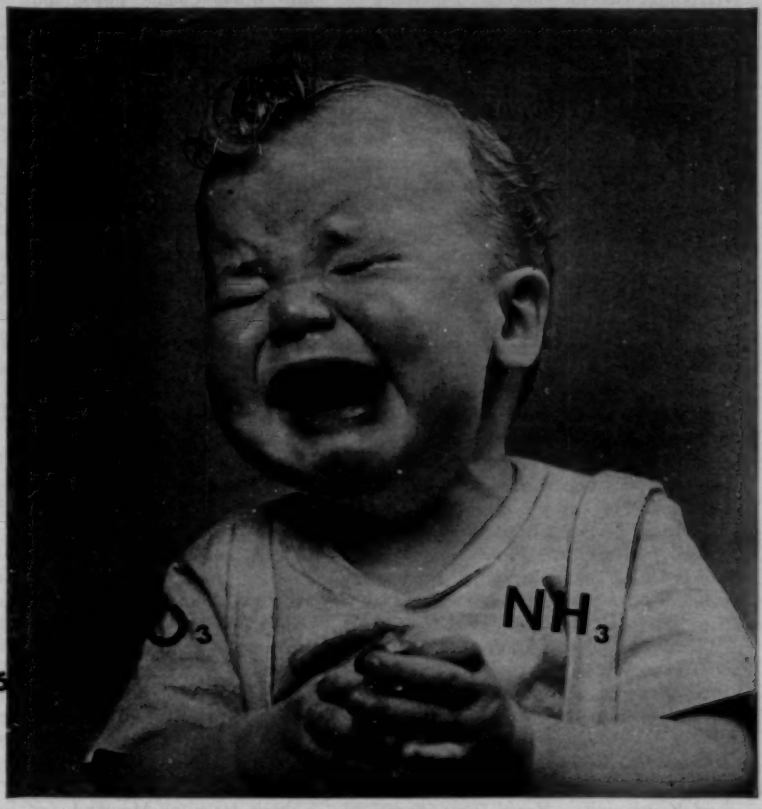

How Z. B. T. Baby Powder helps to resist moisture dermatitis in infants

DERMATITIS in infants brought about by wet clothes is a common and troublesome condition. Because of it the physician is plied with questions by anxious mothers. While normally acid because of uric acid ($C_5H_4N_4O_3$) urine may be converted into an alkaline irritant by urea-formed ammonia (NH_3).

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to Elgin-St. Thomas health unit. *Ina Dickie* (Hamilton General Hospital; University of Western Ontario public health course; University of Toronto advanced course in administration and supervision in public health) as supervisor of public health nursing with newly-established Prince Edward County health unit. *Kathleen Drexler* (Grey Nuns' Hospital, Regina, and University of Toronto public health course) to Prince Edward County health unit. *Mildred Jarvis* (St. Catharines General Hospital and University of Toronto public health course) as public health nursing supervisor with newly-formed Peel County health unit. *Ena Campbell* (St. Paul's School of Nursing, Vancouver, and University of Toronto public health course) to staff of Peel County health unit. *Edna Squires*, supervisor of public health nursing with Ontario Department of Health, on loan to Prescott and Russell health unit as public health nursing supervisor for purpose of organizing the nursing service. *Jocelyn Pagé* (University of Ottawa undergraduate and public health courses) to staff of Prescott and Russell health unit. *Beulah Fry* (B.Sc.N. University of Toronto School of Nursing) as public health nursing supervisor with Welland-Crowland health unit, succeeding *Irene Weirs* (Wellesley Hospital, Toronto, and University of Toronto public health course), who will enter advanced course in administration and supervision in public health nursing at University of Toronto. *Mrs. Harold (Ward) Krammer* (B.Sc. in Nursing, University of Western Ontario) to staff of Welland-Crowland health unit. *Muriel Davis* (Brantford General Hospital and University of Western Ontario public health course) and *Irene McCarty* (Ontario Hospital, London, and University of Western Ontario public health course) to staff of St. Catharines-Lincoln health unit. *Helen MacKay* (Toronto General Hospital and McGill University public health course) to Oxford County health unit. *Marjorie Hudson* (Royal Victoria Hospital, Montreal, and University of Western Ontario public health course) to Porcupine health unit (Timmins). *Ruby Cronk* (Toronto General Hospital; University of Toronto public health course; advanced course in administration and supervision, University of Toronto). *Deborah Pearce* (Hamilton General Hospital and University of Western Ontario public health course), and *Margaret Rattray* (Mack Training School, St. Catharines, and University of Toronto public health course) as senior nurse and staff nurses, respectively, with Brant County health unit. *Margaret Wright* (Toronto General Hospital and University of Toronto public health course) as public health nursing supervisor with newly-established service under Etobicoke Township Board of Health. *Jessie O'Neill* (St. Joseph's Hospital, London, and University of Western Ontario public health course) as senior public health nurse with Stratford Board of Health. *Elizabeth Turner* (Hamilton General Hospital and University of Western Ontario public health course) as senior public health nurse with Wentworth County school health service. *Esme Murphy* (St. Michael's Hospital, Toronto, and University of Toronto public health course) to nursing staff of Wentworth County. *Maribelle Mackenzie* (Galt Hospital; summer course in school nursing offered by Ontario Department of Education; post-graduate course, Sloane Hospital for Women, New York City) as senior public health nurse with Huron County school health service. *Mary Love* (Stratford General Hospital and University of Western Ontario public health course) and *Margaret Roberts* (Toronto General Hospital and University of Toronto public health course) to Huron County nursing service. *Winona Stevenson* (Victoria Hospital, London, and University of Western Ontario public health course) and *Lucretta Armstrong* (Ontario Hospital, New Toronto, and University of Western Ontario public health course) to Middlesex County school health service. *Dorothy McKerracher, B.A., B.Sc.* (Royal Victoria Hospital, Montreal, and University of Western Ontario public health course) to East York Board of Health. *Mrs. Grace Joyce* (Cumberland Infirmary, Carlisle, England, and Wayne University College of Nursing, Detroit) to Windsor Board of Health. *Mrs. Russell (Sherritt) Rennie* (Regina General Hospital and University of Toronto public health course) as public health nurse with Kemptville Board of Health. *Anne Jack* (Hamilton General Hospital and University of Toronto public health course) formerly with Welland-Crowland health unit, and *Kathryn Miller* (Toronto General Hospital and University of Toronto public health course) to Kitchener Board of Health. *Eva Hubman* (summer course in school nursing) as nurse-in-charge with Fort William Board of Health. *Mrs. Jessie Hassell, B.A.* (diploma course, University of Toronto School of Nursing) as public health nurse with Swansea

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For literature write E. R. Squibb & Sons of Canada Limited, 36-48 Caledonia Road, Toronto.

(1) Cullen, S.C.: Anesthesiology 5:166 (March) 1944. (2) Griffith, H.R.: J.A.M.A. 127:642 (March 17) 1945. (3) Griffith, H.R.: Canad. M. A. J. 50:144 (Jan.) 1944.

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Board of Health. *Ruth Aiken* (Hamilton General Hospital and University of Toronto public health course) to Peterborough Board of Health. *Margaret Boyes* (Vancouver General Hospital and University of British Columbia public health course) to Kingston Board of Health. *Julienne Gagner* (St. Joseph's Hospital, Chatham, and University of Western Ontario public health course) formerly with Porcupine Health unit nursing staff, to Windsor Board of Health. *Muriel Laturney* (Kingston General Hospital and University of Toronto public health course) to United Counties health unit.

The following graduates of the public health nursing course at University of Western Ontario have accepted appointments:

Dorothea Elgie (St. Joseph's Hospital, Chatham) with Stratford Board of Health; *Eleanor Fendley* (Saskatoon City Hospital) with Oxford County health unit; *Juliette Fortin* (St. Joseph's Hospital, Sudbury) with Prescott and Russell health unit; *Isobel Kelly* (Victoria Hospital, London) with Kirkland-Larder Lake health unit; *Janet Kirkland* (Victoria Hospital, London) with St. Catharines-Lincoln health unit; *Fernande Lefaive* (St. Joseph's Hospital, London) with Prescott and Russell health unit; *Anita McDermott* (St. Joseph's Hospital, Guelph) with Hamilton Department of Health; *Burma Morlock* (St. Joseph's Hospital, London) with Northumberland and Durham health unit; *Mrs. Marguerite Moloney* (Ontario Hospital, London) with Division of Venereal Disease Control, Ontario Department of Health; *Marion Peirce* (St. Joseph's Hospital, London) with Bruce County health unit; *Mrs. Hilda Roy* (Hamilton General Hospital) with Peel County health unit; *Mildred Small* (Victoria Hospital, London) with Prince Edward County health unit.

The following graduates of the public health nursing course at University of Toronto have accepted appointments:

Lillian Coles (Ontario Hospital, Whitby) with Guelph Board of Health; *Mary Easton* (Women's College Hospital, Toronto) with Welland-Crowland health unit; *Anne Marie Elliott* (St. Michael's Hospital, Toronto) with Prescott and Russell health unit; *Mabel Jennings* (Toronto General Hospital) with Board of Health of Township and Village of Markham; *Vivian Kirkpatrick* (Women's College Hospital, Toronto) with Northumberland and Durham health unit; *Mrs. Helen Littleton* (Toronto General Hospital) with Peel County health unit; *Kathleen McNamara* (St. Michael's Hospital, Toronto) with Welland-Crowland health unit; *Isabelle Middleton* (Ontario Hospital, Hamilton) with Division of Venereal Disease Control, Ontario Department of Health; *Ruth Mountain* (Guelph General Hospital) with Welland-Crowland health unit; *Gladys Neal* (St. Joseph's Hospital, Hamilton) with Etobicoke Township Board of Health; *Mrs. Florence Scott* (Mack Training School, St. Catharines) with Brant County health unit; *Jean Sills* (Belleville General Hospital) with St. Catharines-Lincoln health unit; *Frances Simpson* (Royal Victoria Hospital, Montreal) with Dufferin County health unit; *Etelka Stuart* (Toronto General Hospital) with Bruce County health unit; *Loreen Tyson* (Hamilton General Hospital) with Hamilton Department of Health; *Evelyn Walker* (Woodstock General Hospital) with Oshawa Board of Health; *Beryl Williams* (Women's College Hospital, Toronto) with Northumberland and Durham health unit.

Resignations: *Phyllis Thomson* (Farrand School of Nursing, Harper Hospital, Detroit, and University of Western Ontario public health course) from Elgin-St. Thomas health unit to enter advanced course in administration and supervision in public health nursing, University of Toronto. *Jean Weir* (Mack Training School, St. Catharines, and University of Toronto public health course) from Elgin-St. Thomas health unit. *Clara Kiltmer* (Woodstock General Hospital and University of Western Ontario public health course) from Brant County health unit. *Mrs. Myrtle Graham* (Stratford General Hospital and University of Western Ontario public health course) as senior public health nurse with Stratford Board of Health. *Elizabeth Aitken* as senior public health nurse with Wentworth County school health service. *Ruby Purdon* (Hamilton General Hospital and University of Toronto public health course) and *Mabel Cook* (Hamilton General Hospital and University of Western Ontario public health course) from Hamilton Department of Health to accept appointments to North York Board of Health. *Ruth Weekes* (Toronto General Hospital and University of Western Ontario public health course) from Fort William Board of Health to become public health nurse with Municipality of Neebing. *Mrs. Margaret Greenwood* (Vancouver General Hospital and University of B.C. public health course) as public health nurse with Swansea Board of Health. *Mrs. Elizabeth (Pike) Thiers* (Toronto

General Hospital and University of Toronto public health course) from Welland-Crowland health unit. *Aileen Ogilvie* (St. Joseph's Hospital, London, and University of Western Ontario public health course) from Owen Sound Board of Health. *Mrs. Frances (Ferris) Lindsay* (Toronto General Hospital and University of Western Ontario public health course) from North York Board of Health.

Structure Study of National Nursing Organizations Launched

In an endeavour to provide the nursing profession in the United States with a sound structural basis for its postwar responsibilities, a study of the six national professional nursing organizations has been launched by a representative Structure Study Committee headed by Katharine J. Densford, president of the American Nurses' Association. Raymond Rich Associates have been appointed to direct the study and funds for this purpose are being contributed by individual nurses, friends of nursing, and nursing organizations, in the belief that any reorganization found desirable will more than pay dividends in expanded service and stronger leadership.

The sponsoring committee includes representatives of the American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing, National Association of Colored Graduate Nurses, Association of Collegiate Schools of Nursing, and American Association of Industrial Nurses. The first two organizations named have fifty years or more of history behind them; the last named is the youngest, established in 1942. The largest is the American Nurses' Association, with over 180,000 members. All have joined in the effort to have the study made as objective and comprehensive as possible.

—*Nursing Information Bureau*

Nurses' Training School Opens

A nurses' training program to provide a permanent health service in the Aegean Islands, some of which are without any

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2 out of 3 women can have

Lovelier Skin in 14 Days!

36 doctors tested the Palmolive Plan on 1285 women. Then 1411 Canadian women *of all ages and skin types* tried the Palmolive Plan. Two out of three reported amazing skin improvements *in just 14 days*—proof that the Palmolive Plan can bring new complexion loveliness to you too!

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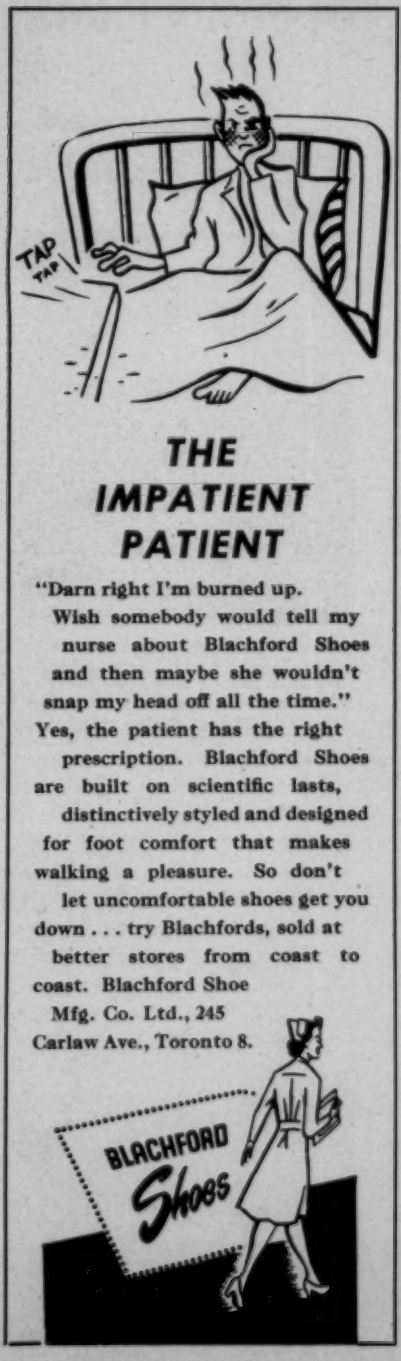
Wash your face three times a day with Palmolive Soap and, *each time*, with a face-cloth massage Palmolive's beautifying lather into your skin—*for an extra 60 seconds.* If your skin is extra-sensitive, use just your fingertips to massage in Palmolive's soft lather. Then rinse well—first with warm water, followed by cool—and pat dry. That's all!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doctors, has been opened at the Bostanion Hospital, Mitylene. This is the first nurses' training school outside of Athens, and will give thirty months of training followed by six months of supervised work, under a program planned by joint consultation of the UNRRA Mission's Health Division, the Near East Foundation, and the Greek Ministry of Health.

Included in the first class were girls from Mitylene, Lemnos, Samos, and Chios. The Bostanion Hospital, largest in the Aegeans, has 200 beds, of which 160 are for patients unable to pay.

—*UNRRA News*

M.L.I.C. Nursing Service

The following are staff appointments to, transfers, and resignations from the Nursing Service of the Metropolitan Life Insurance Company:

Appointments: *Faustina Fournier* (Ottawa General Hospital and University of Ottawa public health course), *Françoise Gauthier* (St. Charles Hospital, St. Hyacinthe, P.Q., and University of Montreal public health course), *Jeanne d'Arc Hamel* (St. Sacrement Hospital, Quebec City, and University of Montreal public health course), *Simonne Rouillard* (St. Luke's Hospital, Montreal; University of Montreal public health course; McGill School for Graduate Nurses), *Pauline de Villers* (Notre Dame Hospital, Montreal, and University of Montreal public health course) to the Montreal staff; *Genevieve Lord* (St. Joseph Hospital, Three Rivers, P.Q.), recently appointed to the M.L.I.C. Nursing Service and now at Shawinigan Falls.

Transfers: *Gabrielle Beland* (St. Joseph Hospital, Three Rivers, P.Q.) from Montreal to Three Rivers; *Marie Reine Boulanger* (St. Sacrement Hospital, Quebec City, and University of Montreal public health course) from Shawinigan Falls to Montreal.

Resignations: *Jacqueline Cadieux* (Sacred Heart Hospital, Hull, and University of Montreal public health course) from the Company's service to enter the Convent of the Little Sisters of the Assumption; *Agnes Taschereau* (Notre Dame Hospital, Montreal) from the Montreal staff.

Victorian Order of Nurses for Canada

The following are the staff appointments to, and resignations from the Victorian Order of Nurses for Canada:

Appointments: *Ruth Arthur* (Victoria Hospital, London, and University of Western Ontario public health course) to Border Cities staff; *Doris Kirkwood* (University of Western Ontario public health course) to New Liskeard branch.

Resignations: *Eleanor Fothergill* from Kingston branch, as nurse-in-charge, to be married; *Eileen (Hennessey) Lane* from Hamilton staff; *Marguerite Bergeron* from Montreal staff; *Ennis (Gulloch) Hayward* from Vancouver staff; *Mary Comartin* from Toronto staff.

News Notes

ALBERTA

EDMONTON:

Royal Alexandra Hospital:

At a recent meeting of the Royal Alexandra Hospital Alumnae Association, with Violet Chapman presiding, there were forty members present. After the business meeting, vocal solos were rendered by Mrs. A. Newcombe and Mr. Bill Smith, and piano selections by Mr. Arthur Newcombe, director of the R.A.H. Choral Club. The Dickens' Fellowship Group of Edmonton entertained with skits of "Sairy Gamp" and "Betsy Prig." Miss Chapman was appointed delegate to attend the 1946 C.N.A. convention. Fifty dollars was donated to the British Nurses' Relief Fund and a parcel is to be sent every month to a Jugoslavian nurse suffering from tuberculosis and hospitalized in Switzerland.

BRITISH COLUMBIA

TRAIL:

Honor Tregear represented the Trail Chapter, R.N.A.B.C., as well as Kootenay Lake General Hospital, at the recent biennial meeting of the C.N.A.

Trail-Tadanac Hospital:

The following nurses are now on the staff:

Ordinary deodorants cannot do the job under trying summer conditions. You need LIQUID ODORONO, the special, *direct-action* summer deodorant that really stops perspiration up to five days... that offers you two to three times longer protection according to unbiased surveys.

Change now to LIQUID ODORONO, the safe, sure way to daintiness... the special summer deodorant that fastidious women use.

Use either Regular whenever necessary, or Instant ODORONO (milder) every day. Patented non-drip applicator makes application easy.

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This preparation was developed by a medical man to stop perspiration on his hands while performing surgical operations.

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NURSING SONGS OF CANADA

A group of six songs, depicting the romance and service of nursing in Canada since the days of Jeanne Mance.

Words by
JOHN MURRAY GIBBON

Musical arrangements by
HAROLD EUSTACE KEY

These songs were sung by William Morton at the recent Canadian Nurses Association Convention held at the Royal York Hotel, Toronto. You will also enjoy singing them.

Included in the book is W. L. Mackenzie King's tribute to Canadian nurses and also a brief story of the Canadian Nurses Association.

Copies 35c postpaid from

THE CANADIAN NURSE

522 Medical Arts Bldg.
Montreal 25 P.Q.

POST-GRADUATE SCHOLARSHIP

A yearly **Scholarship** of One Hundred Dollars ($100) is offered to graduates of **The Galt Hospital, Lethbridge, Alberta,** by The Lethbridge Ladies' Junior Chamber of Commerce. Applications for this Scholarship should be addressed to: **Superintendent of Nurses, Galt Hospital, Lethbridge, Alta.**

THE REGISTERED NURSES ASSOCIATION OF THE PROVINCE OF QUEBEC

The 1946 Fall examinations for provincial registration will cover two groups of candidates and will be held as follows:

GROUP A: Graduates qualifying for the R.N. certificate will write in Montreal, Quebec, and Sherbrooke on **November 4, 5, and 6, 1946**

GROUP B: Students who will have completed their first year before October 1, 1946, will enter the preliminary test covering oral, practical and written, which will be held on **October 14, 15, 16, and 17, 1946.**
(Time to be announced in each school)

For application forms and all information relating to the examinations apply to the headquarters of the Association.

Applications must be received before September 30, 1946

E. FRANCES UPTON, R. N.
Executive Secretary and Registrar
1012 Medical Arts Bldg.,
Montreal 25, P.Q.

Joan Gregory, J. Arsenault, Evelyn Gauthier, Minerva Dunkerley, Norma Parisien, Mrs. J. K. Cleveland. Recent resignations from the staff included Mmes Freda Creighton, H. Gordon, Misses Edith Little, Nan Christie, Janet MacLennan,

ONTARIO

EDITOR'S NOTE: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Gena Bamforth, 54 The Oaks, Bain Ave., Toronto 6.

DISTRICT 1

CHATHAM:

In honor of the twenty-fifth anniversary of the nurses' alumnae association of the training school of the Public General Hospital, the Board of Trustees, the Women's Aids, and nursing staff entertained some one hundred guests at tea in the nurses' residence recently. Priscilla Campbell, hospital administrator, Lila Baird, and Mrs. Herbert Goldrick, the latter president of the alumnae, welcomed the guests. The guests chatted with Winnifred Fair, Elsie Phillips, Lillian Hastings, Edna Orr, Jean Stobbs, and Mrs. J. A. MacWilliam, who later showed them to the recreational room where tea was served. An interesting highlight of the party was the uniform worn by Annie Head, one of the type worn prior to her graduation in 1905. Miss Head, after her forty-one years of service, is still one of the most popular members of her profession. Another happy feature of the afternoon was the cutting of the four-tiered, beautifully decorated birthday cake by Miss Head, assisted by Miss Baird.

"Until the needs of the sick and dependents are recognized as a world responsibility there can be no peace," Col. Agnes Neill, O.B.E., R.R.C., LL.D., matron-in-chief of the R.C.A.M.C. Nursing Service, told some two hundred graduate nurses when she spoke at the silver jubilee banquet of the alumnae association, held in the William Pitt Hotel. Several of those who heard Col. Neill had served under her overseas during the past war.

Seated at the head table with the distinguished visitor were the alumnae president, Mrs. Herbert Goldrick, who presided over the function, His Worship Mayor R. D. Steele, Mrs. A. H. Howe, of Charing Cross, the first president of the alumnae; Priscilla Campbell, Mr. C. D. Sulman, Dr. G. H. R. Hamilton, Adjutant Sharpe, Annie Head, Lillian Hastings, Mrs. J. C. MacWilliam, and Edna Orr of the Public General Hospital staff. Greetings to the nurses and guests were extended by Miss Campbell. In re-calling the organization of the alumnae twenty-five years ago, Miss Campbell paid tribute to the first president, Mrs. Howe, and also to Miss Head, one of its most active members.

Phillips' Milk of Magnesia is generally accepted by the medical profession as a standard therapeutic agent, being so recognized for more than 70 years.

As a laxative: it is gentle, smooth-acting without embarrassing urgency.

As an antacid: affords effective relief. Contains no carbonates, hence no discomforting bloating.

DOSAGE:

Laxative: 2 to 4 tablespoonfuls
Antacid: 1 to 4 teaspoonfuls, or 1 to 4 tablets
Caution: Use only as directed.

PACKAGING

Liquid	Tablets
4-oz. bottle	box of 30's
12-oz. bottle	bottle of 75's
1-pt. 10-oz. bottle	bottle of 200's

PHILLIPS' MILK OF MAGNESIA

prepared only by THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.*, 1019 Elliott Street, West, Windsor, Ontario

Among the guests were representatives from the different affiliated societies and the members of the '46 graduating class. Graduates of every class were present, Mrs. Peter McGeachy representing the class of 1897.

Districts 2 and 3

Kitchener:

A well-attended spring meeting of Districts 2 and 3, R.N.A.O., was held in Kitchener. Dr. H. J. Shaniker, president of St. Mary's Hospital medical board, and North Waterloo Medical Association brought greetings. The interesting program included an address by Dr. M. Ancilla, of St. Joseph's Hospital, Hamilton, on "Drugs—Old and New", and a resume of public health work by Dr. L. C. Fisher. Matters discussed included the sending of parcels to Dutch and British nurses and the advisability of having a distinctive insignia on uniform for registered nurses. Solos were given by Virginia Winterholt, a student nurse. Supper was served by the St. Mary's Alumnae Association, following which Dr. R. G. Demmerick showed interesting pictures of the Eastern Arctic Patrol.

Brantford General Hospital:

An enjoyable banquet was held recently in honor of four members of the staff. Presentations were made to Kate Charnley and Lavina Gillespie, who have resigned after twenty and fifteen years respectively on the staff; to Helen Cuff, who is leaving to be married; and to Kathleen DeMarsh who is leaving to take more advanced work.

District 4

St. Catharines:

The Board of Governors of the St. Catharines General Hospital rented a cottage, "The Willows", for the season at Port Dalhousie on Lake Ontario last year for the hospital staff and student nurses. The venture proved such a success it is rented again this year. The cottage has modern conveniences and will accommodate eight nurses overnight. The weekends, Saturday noon till Sunday night, are reserved for the staff. The nurses register in advance at the training school office as to when they plan to spend the night there and register at the cottage when they arrive. On their days and nights off they use the cottage as they would the nurses' residence. No overnight passes or special permissions are required to go. The nurses are entirely on their honor to use the cottage as the rules state.

A committee, composed of class proctors, is responsible for the conduct and general supervision. No person is kept there in charge. The lady, on whose property the cottage is located, keeps a kindly eye on everything and sees that provisions (ice, bread, butter, milk, eggs, tea, coffee, cereals) are on hand. Any food other than these items, the nurses provide for themselves.

Happier, healthier nurses and better nursing are the results of this investment by the hospital board.

Mack Training School:

The alumnae association of the Mack

Keeps Shoes
Professionally
White
Easy to put on, hard to rub off... 2 IN 1 White is a special help to nurses . . . keeps all kinds of white shoes whiter . . . helps preserve leather.
2 IN 1
WHITE

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School for Graduate Nurses

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Two-year courses leading to the degree, Bachelor of Nursing. Opportunity is provided for specialization in field of choice.

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Teaching and Supervision in Schools of Nursing.
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For information apply to:
School for Graduate Nurses
McGILL UNIVERSITY, MONTREAL 2

Training School recently entertained the 1946 graduating class at dinner. Three very special guests were present—Mrs. (Rachael Benson) McColl, an 1886 graduate of the school; Mrs. Nellie (Gadsby) Parnell, of St. Catharines, and Margaret Hughes, of Portland, Oregon, both graduates of the 1896 class. Mrs. McColl was superintendent of the hospital for two years following her graduation. Mrs. Parnell did private duty nursing for a few years and Miss Hughes was active in public health nursing in the States until a few years ago when she retired. She organized the Mack Training School alumnae in 1901 and has always retained an active interest in it.

The alumnae association held a supper in the Leonard Nurses' Home when Mrs. Parnell and Miss Hughes were the guests of honor. Mrs. McColl was unable to be present. On behalf of the alumnae they were presented with fountain pens, the gold bands of which were suitably inscribed, by A. E. Moyer and Mrs. A. (Smith) Mitchell. This was followed by a presentation to Anne Wright, superintendent of the school, of two beautifully bound volumes edited by Miss Hughes. The first was "The Historical and Biographical Sketches of the Members of the Letter Club of the Mack Training School." This club was started in 1901 by sixteen graduates of the school of the middle '90's and has been continuously active ever since although the number now is reduced to eight. The second volume was "The Pioneer Work by a Mack Graduate" which is in reality the story of various phases of pioneer services in which Miss Hughes was privileged to participate during the developmental period of nursing as a profession.

District 5

Toronto:

Thirty Ontario ex-nursing sisters of the South African Medical Nursing Service recently met at the home of Mrs. Jean (MacKay) Robinson, Cluny Lane, Cooksville, for a reunion and dinner. The Ontario nurses have organized and are naming their group 'Canadian Springboks"—the springbok is the emblem of South Africa—and will meet every three months to keep in touch with one another. If any member in Ontario did not receive notice of the aforementioned reunion, kindly contact Mrs. Helen Holm, 1340 Queen St., W., Apt. 1, Toronto 3.

District 8

Ottawa:

Civic Hospital:

In honour of the fifty-eight graduates of the 1946 class of the Ottawa Civic Hospital School of Nursing, a dinner was given recently by the alumnae association. Mrs. Gladys Strum, member of parliament for Qu'Appelle, was the guest speaker, and she urged the young graduates to take their places in the community as interested citizens. She was thanked by Bertha Farmer. The toast to

the King was proposed by Isobel Dickson, the alumnae president, who was in the chair. Mrs. E. Ackland proposed the toast to the new graduates which was responded to by Dorothy Archibald. Phyllis Henderson, Dorothy Ogilvie, Evelyn Horsey, Mmes J. Eagleson, H. Clagston, and W. S. Edwards participated in toasts to graduates of past years.

At the graduation exercises, which were held on the grounds of the hospital, the new class was addressed by Mayor Stanley Lewis, Alderman Belanger, and Dr. Douglas Piercy, superintendent of the O.C.H.

QUEBEC

MONTREAL:

Children's Memorial Hospital:

Dora Parry, superintendent of nurses, Madeleine Flander, instructress, Elizabeth Collins, head nurse from alumnae association, and Elizabeth Wood, assistant head nurse from the staff association were representatives at the C.N.A. biennial convention.

Beverly Brown, recently discharged from the R.C.A.M.C., is now assistant head nurse on Ward K. R. Wilkinson recently attended a refresher course in orthopedic nursing, sponsored by the University of Toronto.

Jewish General Hospital:

The formation of a group comprised of former and present staff nurses was announced by Miss Amy Mendels, superintendent of nurses at the Jewish General Hospital. At a meeting held recently, it was decided that the organization be known as the "Associate Nurses of the Jewish General Hospital", and membership be open to all present staff nurses as well as those previously attached to the hospital.

The officers elected were as follows: honorary president, Amy Mendels; president, F. Fox; vice-president, M. McCaffery; treasurer, F. Tessler; secretary, Ann Harrow. Members of the executive board are L. Haggins, L. Gilmour, J. Purcell, G. MacDonald, L. Clark, E. Boon, M. Bethel, and Mmes G. Lazare, C. Wisse, B. Issenman, M. Hart, M. Powers, R. Rubin, A. Axelrod, and O. Murphy.

Miss Margaret E. Kerr, editor of *The Canadian Nurse*, was the guest speaker at an open meeting held on May 28, at the hospital. She spoke on *The Canadian Nurse*—its functions and various uses. Her interesting and timely talk was received by an enthusiastic audience who enjoyed Miss Kerr's keen sense of humor.

Sponsorship of one of the ten nurses undergoing treatment for pulmonary tuberculosis in a Swiss sanatorium was voted on and passed. These nurses were referred to the Canadian Nurses Association by the International Red Cross and the associate nurses are pleased to undertake the care of one of these nurses. A parcel, containing food and cosmetics, will be sent monthly.

Hope of the Future

Keep them healthy—let Baby's Own Tablets help you. Pleasant, simple tablet triturates, they can be safely depended upon for relief of constipation, upset stomach, teething fevers and other minor ailments of babyhood. Warranted free of narcotics and opiates. A standby of nurses and mothers for over 40 years.

BABY'S OWN Tablets

Nursing Textbooks

Every year more Canadian hospitals are using the two excellent textbooks listed below. If you are considering either of them as a class text, we will be glad to send a copy on approval.

MEDICAL NURSING

By Edgar Hull and Cecilia M. Perrodin. 641 pages. 152 illustrations, including 10 colour plates and 38 charts. Third edition, 1946. $4.00.

SURGICAL NURSING

By Robert K. Felter and Frances West. 589 pages. 252 illustrations and 7 colour plates. Fourth edition, 1946. $4.00.

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offers a four-month course in **Advanced Practical Obstetrics.** This course is open to any Registered Nurse but preference is given to nurses who plan to do District Nursing work or who have a particular need for this type of instruction.

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Edmonton, Alta.

The closing meeting of the associate nurses was held recently in the form of a social evening.

Montreal General Hospital:

Mrs. Jackson (Boyd) Crawford has resigned from the private duty section and is now living in Brajrajnagar, District Sambalpur, India, where her husband is the chemical engineer for Orient Paper Mills.

QUEBEC CITY:

At the recent graduation exercises of Jeffery Hale's Hospital School of Nursing nine nurses received their diplomas and medals from Mr. J. T. Ross and Miss M. E. Lunam, superintendent of nurses. The invocation and address were given by Rev. J. MacKay, B.A., B.D. Col. J.V. Boswell thanked the Rev. MacKay on behalf of the class. Mr. R. C. Webster presented the general proficiency prizes to Mrs. J. Nott and C. Flett on behalf of the Board of Governors. G. Weary, D. Ross, and E. Ford presided at the tea which followed, assisted by the students and staff.

The 1946 class was entertained at dinner by the alumnae association when the president, M. Fischer, presided. The guest speaker was Margaret E. Kerr, editor and business manager of *The Canadian Nurse*, and her interesting address, "How to Keep from Being Bored", was much enjoyed. E. Christensen thanked Miss Kerr. Conveners for the dinner were Mrs. G. Treggett, assisted by Mmes L. Kennedy and C. Davidson.

A tea, held by the graduating class for their friends, and a formal dance, when M. Lunam and G. Martin received the guests, rounded out a successful graduation week.

SASKATCHEWAN

REGINA:

Grey Nuns' Hospital:

At present, members of the staff include: children's ward, H. Schmidt; case room, L. Robinson, Mrs. O'Bryne; surgery—3rd floor, M. Waddell; surgery—2nd floor, Mrs. A. Wood; operating-room, R. Dolan, E. Jefferson, V. Kosieu, C. Storey, Miss Banks; eye, ear, nose and throat—1st floor, R. Rooney; dressing room, Mrs. J. Suckling.

SASKATOON:

St. Paul's Hospital:

At the recent graduation exercises of St. Paul's Hospital School of Nursing forty-four nurses received their diplomas. Special award winners included Aileen Hetland, Dorothy Davenport, Iris Stirling, Minette Condon, Doris Couchene, Ann Beechinor, and Ferne Buerger.

The graduates were later entertained at a dance, given by the alumnae association, at a banquet and dance by the students, and

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Graduate Nurse with university graduation or its equivalent; at least five years of experience as a Matron or Superintendent in a large institution, preferably in an institution of Metropolitan status associated with a university giving a medical course. The Department will accept only those entitled to the preference for war service.

Full particulars on posters in Post Offices, National Employment Service Offices or Civil Service Commission Offices throughout Canada. Application forms, obtainable thereat, should be filed immediately with the

CIVIL SERVICE COMMISSION OF CANADA

OTTAWA

TRY LAVORIS

One Trial Will Convince You

It keeps mouth and breath clean and sweet

a banquet, preceded by high mass, was given by the Sisters.

Recent speakers at alumnae meetings included Dr. Schaeffer, who spoke on "Psychological Factors of Dermatology", and Dr. Sphinks, whose subject was "Atomic Research in the Field of Medicine." Marvalon Robinson, the alumnae president, and clinical instructress, attended the C.N.A. convention.

City Hospital:

At the recent graduation exercises of the Saskatoon City Hospital School of Nursing, forty-six students received their diplomas. Medal winners were: D. Bayley, general proficiency; A. Fair, devotion to duty. Miss Bayley also received the first award of a special prize for pediatric nursing, donated by Dr. W. S. Kinnear.

The medical staff of the hospital have announced that they will contribute $150 each year to assist a graduate of the school of nursing to take an accredited post-graduate course.

E. James, who has been director of nursing for the past two years, will complete her service this summer. Mrs. J. Porteous, who received her Bachelor of Nursing degree at McGill School for Graduate Nurses following service as matron-in-chief of the R.C.A.F. Nursing Service, will return as director of nursing. M. Jarvis, who has been on leave of absence to take post-graduate work at McGill School for Graduate Nurses, has resumed the duties of assistant director of nursing. M. A. Ballard, who replaced Miss Jarvis, following service with the R.C.A.M.C., plans to enter university.

Positions Vacant

Supervisor of Home Nursing Classes, qualified to later assume direction of Red Cross Home Nursing and Reserve Dept. Applications are invited from Graduate Nurses with public health training or experience, and executive ability. Apply to Chairman, Home Nursing Dept., Hamilton Branch, Canadian Red Cross Society.

Registered Nurses for **General Duty** at Mountain Sanatorium, Hamilton, Ontario. Salary: $126.50 per month. Board, room, and laundry $26.50 per month, if live in. Apply to Supt. of Nurses.

Instructress for Yarmouth Hospital, Yarmouth North, N.S. Apply, stating qualifications, experience, and salary expected, to Supt.

Instructress for Fall term or nurse with teaching experience. **Dietitian** also needed. Apply, stating qualifications, experience, and salary expected, to Supt., Prince County Hospital, Summerside, P.E.I.

Night Nurses (two) — one for Obstetrical floor, and one for Surgical and Medical. Salary: $95 per month. One full night off each week and 3 nights off the 4th week of the month. May live out with allowance extra if preferred. Apply, stating age, experience, and qualifications, to Blanchard-Fraser Memorial Hospital, Kentville, N.S.

General Duty Nurses immediately for Jeffery Hale's Hospital, Quebec City, P.Q. 6-day week and 8-hour day. Apply to Supt. of Nurses.

General Duty Nurses for General Hospital in Eastern Ontario. 8-hour day; 1 extra day per month. Attractive salary and maintenance. Comfortable nurses' home. Vacation. Apply to Miss Martha Nephew, Supt., General Hospital, Cornwall, Ont.

General Duty Nurses for Miller Bay Hospital, situated on highway near Prince Rupert. 150-bed hospital operated by Dept. of National Health & Welfare. Salary: $118 per month, plus laundry, room, and board. Preference given to nurses having Sanatorium experience. Apply to Dr. J. D. Galbraith, P. O. Box 1248, Prince Rupert, B. C.

Superintendent of Nurses for Clearwater Lake Indian Hospital, The Pas, Manitoba. Institution operated by the Sanatorium Board of Manitoba. Tuberculosis experience required. Initial salary $175 per month, less quarters and maintenance, valued at $25 per month. Holidays with pay. Pension plan. Institution soon to be enlarged from 75 beds to 200 beds. Apply immediately to Secretary-Treasurer, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Instructress of Nurses and **Night Supervisor** for the General Hospital, Kenora, Ontario. Apply to Supt.

Obstetrical Supervisor, Surgical Ward Supervisor, and **Medical Ward Supervisor** for 120-bed hospital with Training School. Apply, with full particulars, to Supt. of Nurses, Galt Hospital, Lethbridge, Alta.

Health Supervisor for Training School of 150 students. **Assistant Graduate Dietitian** for 250-bed hospital. Apply to Miss E. K. Jones, Wellesley Hospital, Toronto 5, Ont.

Registered Nurses for General Duty at Vancouver General Hospital, British Columbia. State in first letter date of graduation, experience, reference, etc., and when services would be available. 8-hour day and 6-day week. Gross salary: $125 per month living out, with annual increases up to 7 years, plus laundry. 1½ days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. 1 month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nurses.

Matron for 20-bed hospital at Vita, Manitoba, operated by United Church of Canada. Resident medical supt. and assistant; graduate nursing staff. Apply to Rev. J. A. Cormie, 441 Somerset Bldg., Winnipeg, Man.

Instructress, qualified, for small Training School by August 1. Apply, stating qualifications and salary expected, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Assistant Classroom Instructress for 118-bed hospital (with immediate prospects of construction of 150-bed modern hospital). Apply, stating qualifications, experience, and salary expected, to Supt., Sherbrooke Hospital, Sherbrooke, P.Q.

Floor Duty nurses for Barrie Memorial Hospital, Ormstown, P.Q. Apply, with references, to Supt.

General Duty nurses: Salary, $100 per month, plus meals and laundering of uniforms. 8-hour day and 6-day week. Apply to Supt., General & Marine Hospital, Owen Sound, Ont.

Science Instructor; Clinical Instructor and Supervisor, Surgical Wards; Instructor, Acute Communicable Disease Nursing; and Health Supervisor who will also teach classes in hygiene and public health. Apply, stating qualifications and experience, to Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Head Dietitian and Assistant Dietitian for 350-bed Tuberculosis hospital. Full maintenance provided. Apply, stating age, qualifications, experience, and salary expected, to Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Superintendent for 22-bed hospital for July. State qualifications and salary expected. Also **two Registered Nurses.** 8-hour duty; 6-day week; good salary plus maintenance. Comfortable nurses' residence. Apply to Secretary, Scott Memorial Hospital, Seaforth, Ont.

General Duty nurses (two) for small hospital in Peace River country. Salary: $110 per month with maintenance. 8-hour day and 6-day week. 3 weeks' vacation with pay after completion of 1 year's service. Refund of transportation from Edmonton will be made after 6 months in our employ. Apply to Ratepayers Hospital, Berwyn, Alta.

Second Assistant Superintendent of Nurses. Chief duty, supervision of ex-servicemen's pavilions with some responsibility in main building and School of Nursing. **Clinical Supervisor,** Surgical, to teach surgical nursing in classroom and supervise clinical experience of student nurses on surgical floors. Salaries according to experience. For 650-bed hospital with close University connections. Apply, stating qualifications, experience, etc., to Supt. of Nurses, University of Alberta Hospital, Edmonton, Alta.

Operating-Room Supervisor, qualified, experienced. Graduate scrub nurse kept. Apply, stating qualifications, and salary expected, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Assistant Superintendent, R.N., R.T., or one who has full knowledge and experience in X-Ray work. Apply to Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Classroom Instructress by September 1 for Royal Columbian Hospital, New Westminster, B.C. Give full particulars of experience in first letter. Apply to Miss Elizabeth Clark, Supt. of Nurses.

Clinical Supervisor and Graduate Nurse with Operating-Room experience for General Hospital, Port Arthur, Ont. Bed capacity, 155; student body at present, 45, with new class being admitted in September. State qualifications and salary required. Apply to Miss A. Hunter, Supt.

Public Health Nurses for Northumberland-Durham Health Unit. Salaries for staff nurses: $1,500 to $1,800 according to experience, plus uniform allowance. Car provided or car allowance. Apply to W. E. Barr, Secretary, Cobourg, Ont.

Instructor of Nurses for City of Sydney Hospital, Nova Scotia. Apply, stating qualifications, experience, and salary expected, to Supt.

Assistant Instructress of Nurses for modern, 250-bed hospital. Good salary and accommodation. Apply for particulars to the Supt. of Nurses, General Hospital, Brandon, Man.

General Duty Nurses for Norfolk General Hospital, Simcoe, Ontario. Salary: $100 per month (including pay for O.R. call) plus maintenance. Increase at end of 6 months, $105, and at end of 1 year, $110. 8-hour day and 6-day week. Holidays with pay, sick leave and hospitalization. Additional $5.00 per month paid for 3:30 shift. Apply to Supt.

Position Wanted

Supervisor or **Assistant Supervisor for Obstetrical hospital,** preferably in delivery rooms. 2 years' experience in nursery and case-rooms. 3 years as assistant supervisor in delivery rooms. 5 years in army. 4-month advanced course in obstetrics at Chicago Lying-In Hospital. Apply in care of Box 20, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.